

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **738847**
1. Corporation Name
Bethany Fellowship of Suwannee, INC

2. Principal Office Address
9379 St Rd 129
Suite, Apt. #, etc.
City & State
Trenton FL
Zip
32693 Country

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **4-6-77**

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Gloria Myers**
Street Address (P.O. Box Number is Not Acceptable) **9379 St. Rd. 129**
Suite, Apt. #, Etc.
City **Trenton** State **FL** Zip Code **32693**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **REINSTATEMENT 2002+2003** Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Gloria Myers	St Rd 26	Trenton FL
P	Lyle H. Anderson	Po Box 215	Cedar Springs GA
D	Jack Gamble	yellow Jacket Rd	Old Town FL 32680
D	Ronald Sharp	306 Rock Crusher Rd	Lecanto FL
STD	Paul Sharp	310 Lively Lane	Lakeland, FL

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **[Signature]** Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)