

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -7 AM 8:01

DOCUMENT # N51399

1. Corporation Name

BETHEL HOUSE OF GOD CHURCH, INC.

Principal Place of Business

Mailing Address

516 N W 4TH AVE
HALLANDALE FL 33009-3310

516 N W 4TH AVE
HALLANDALE FL 33009-3310

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1992

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	JOHNSON, STEPHEN E	516 N.W. 4TH AVE	HALLANDALE FL 33009
DT	MCGHEE, HENRY	13701 SW 12TH ST #SULFOLK A113	PEMBROKE PINES FL 33029
DT	HEPBURN, VENICE	3199 FOXCROFT RD., #112	MIRAMAR FL 33025
DT	MCINTOSH, BERESFORD	4560 NW 10TH PL APT #G106	PLANTATION FL 33313
DT	FOSTER, GLORIA	3435 S.W. 52ND AVE	PEMBROKE PARK FL 33023

8. Name and Address of Current Registered Agent

JOHNSON, STEPHEN E
516 NW 4TH AVENUE
HALLANDALE FL 33009

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-25-2002

11. 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]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN E. JOHNSON DP
10-25-2002 954 8126664
Date Daytime Phone #