

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000000899**

1. Corporation Name

**THE BETHEL COMMUNITY DEVELOPMENT CORPORATION OF
TALLAHASSEE, FLORIDA, INC.**

Principal Place of Business

Mailing Address

%BETHEL AME CHURCH
501 W. ORANGE AVE
TALLAHASSEE FL 32310

%BETHEL AME CHURCH
501 W. ORANGE AVE
TALLAHASSEE FL 32310

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

02/23/1995

5. FEI Number

59-3301835

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
PD	GREEN, JOHN F	130 COTILLION CIR	TALLAHASSEE FL 32312
VP	RICHARDSON, CURTIS	533 TUSKESEE ST.	TALLAHASSEE FL 32310
SD	GAYMON, NICHOLAS	1937 VINELAND DR	TALLAHASSEE FL 32308
TD	DICKENS, BILL	2426 BUTTONBUSH COURT	TALLAHASSEE FL 32308
SD	Shirley W. Collins	2741 N. Sandalwood Dr	Tallahassee FL 32305

8. Name and Address of Current Registered Agent

GREEN, JOHN F
501 WEST ORANGE AVENUE
TALLAHASSEE FL 32310

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City 25

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

REGISTERED AGENT MUST SIGN

Date

600024412716
11/04/03--01054--002 **236.25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)