PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAR 21 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006250

1. Corporation Name

Bethel Church Of God Seventh Day, Inc.

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
3800-02 NW 167 Street	3800-02 NW 167 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Opa Locka, Florida	City & State: Opa Locka, Florida
Zip: 33054 Country: USA	Zip: 33054 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11-5-97 SP

5. FEI Number: 65-0793318 ☐ 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: Deryck Douglas

700003923597--6
-03/28/01--01042--011
****420.00 ****420.00

Street Address (P.O. Box Number is Not Acceptable): 3615 SW 52 Avenue

Suite, Apt. #, Etc.: Apt B101

700003923597--6
-03/28/01--01042--012
******8.75 ******8.75

City: Hollywood | State: FL | Zip Code: 33023

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: D Douglas (REGISTERED AGENT MUST SIGN) Date: 3-18-01

CR2E081 (9/00)

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
DP	Deryck Douglas	3615 SW 52 Avenue Apt B101	Hollywood, FL 33023
SD	Bertile C. George-Douglas	1895 Venice Park Drive Apt C4	North Miami, FL 33181
D	Archimore Wright	19761 NW 33rd Court	Miami, FL 33056
D	Hcirth Rowe	2464 Funston Street	Hollywood, FL 33020
D	Lovell Douglas	2464 Funston Street	Hollywood, FL 33020

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: D Douglas 3-18-01 305-622-8920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #