

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -2 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N97000006250

BETHEL CHURCH OF GOD 7TH DAY, INC.
Seventh

2. Principal Office Address

18220 N.W. 31st AVENUE

3. Mailing Office Address

18220 N.W. 31st AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA-LOCKA, FLORIDA

City & State

OPA-LOCKA, FLORIDA

Zip

33056-3521

Country

U.S.A.

Zip

33056-3521

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1997

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 A. DOUGLAS

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

18210 N.W. 31st AVENUE

Suite, Apt. #, Etc.

City

OPA-LOCKA, FLORIDA

State

FL

Zip Code

33056-3521

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

REGISTERED AGENT MUST SIGN

Date February 18, 2005

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	DOUGLAS, DERYCK A.	18210 N.W. 31st AVENUE	OPA-LOCKA, FLORIDA 33056
SD	GEORGE-DOUGLAS, BERTILE	19060 N.W. 57th AVENUE, #304	HIALEAH, FLORIDA 33015
DV	MARSHALL, SYDNEY	703 - 49th STREET	WEST PALM BEACH, FL 33407
TD	BROWN, JUDITH E.	3102 ISLAND DRIVE	MIRAMAR, FLORIDA 33023
D	WRIGHT, ARLENE	19761 N.W. 33rd COURT	OPA-LOCKA, FLORIDA 33056
D	SIPPIO, VIVENE H.	1465 N.W. 192 TERRACE	MIAMI, FLORIDA 33169

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 18, 2005

Date

305-622-8930

Daytime Phone #