

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 15 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743108

1. Corporation Name

BETHEL APOSTOLIC TEMPLE

2. Principal Office Address

1855 N.W. 119 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33167

Country

USA

3. Mailing Office Address

P.O. Box 680008

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33168-0008

Country

USA

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

June 2, 1978

5. FEI Number

59-1367782

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

OSWALD BEN BARRY

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

1855 N.W. 119 Street

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33167

600003924666-3

03/28/01-01088-028

****297.50 ****297.50

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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

Oswald B Barry

REGISTERED AGENT MUST SIGN

Date

3/4/2001

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
P	Oswald Ben Barry	1855 N.W. 119 Street	Miami, FL 33167
VP	Tom Battles	1855 N.W. 119 Street	Miami, FL 33167
D	Carol Nash	1855 N.W. 119 Street	Miami, FL 33167
D	Karen Jacques	1855 N.W. 119 Street	Miami, FL 33167
D	Hazel Rolle	1855 N.W. 119 Street	Miami, FL 33167
See attached continuation sheet.			

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:

Oswald B Barry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2001

Date

954 4074133

Daytime Phone #

CR2E081 (9/00)

CONTINUATION SHEET

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
S/D	Juvais Harrington	1855 N.W. 119 Street	Miami, FL 33167
D	Nevel Shepard	1855 N.W. 119 Street	Miami, FL 33167
D	Emerson Rock	1855 N.W. 119 Street	Miami, FL 33167
D	Willie Hudson	1855 N.W. 119 Street	Miami, FL 33167
D	Robert Wimberly	1855 N.W. 119 Street	Miami, FL 33167