

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 20 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N99000001341*

1. Corporation Name

*El Bethel Missionary Corp. Foundation*  
*CH*

2. Principal Office Address

*3681 N.W. 29 ST*

Suite, Apt. #, etc.

3. Mailing Office Address

*Same above*

Suite, Apt. #, etc.

City & State

*Land Lakes FL*

City & State

Zip

*33311*

Country

*Broward*

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*3-01-99*

5. FEI Number

*10-65-0909506*

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

*Cleomie Lambert*

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

*3681 N.W. 29 ST*

Suite, Apt. #, Etc.

City

*Land Lakes*

State

*FL*

Zip Code

*33311*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *3-12-04*

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
President	<i>Cleomie Lambert</i>	<i>3681 N.W. 29 ST</i>	<i>Land Lakes FL 33311</i>
Vice President	<i>Wilne Pierre</i>	<i>1151 N.E. 16th #2</i>	<i>FT Land FL 33305</i>
Secretary	<i>Myrdine Calix</i>	<i>P.O. Box 490241</i>	<i>FT Land FL 33349</i>
Treasurer	<i>Genevia Isma</i>	<i>4230 N.E. 4 Terrace</i>	<i>Pompano FL 33064</i>
Assistant	<i>Carl Constant</i>	<i>6911 SW 8th</i>	<i>Margate FL 33068</i>

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cleomie Lambert 3-12-04 (850) 537-2929*

Date

Daytime Phone #

CR2001 (07/04)