, PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | | 13 FEB -7 PM 3: 15 | | | | | | | |
|---|--------------------------------------|---------|---|-------------------|---|-----|------|--|---|---|-------------|-----------------|-----------------------------|-------|--|
| DOCUMENT # 703469 1. Corporation Name | | | | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| MOUNT BETHEL BAPTIST INSTITUIONAL CHURCH OF DAYTONA BEACH, FLORIDA, INC. | | | | | | | | | | | | | | | |
| 2. Principa | Office Address | | | | RE | INS | ΓA | TEI | ME | ENT | | | | | |
| | | | | | UTH MARTIN LUTHER KING JR BLVD pt. #, etc | | | | REINSTATEMENT | | | | | | |
| Suite, Apr. #, etc. | | | | Oute, rys. 9, 600 | | | | Date Incorporated or Qualified To Do Business in Florida | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | city & State | | | | 1962 5. FEI Number Applied For | | | | | | |
| | | ACH, FL | DAYTONA BEACH, FL | | | | | 59-1731501 Not Applicable | | | | | | | |
| 32114 VOLUSIA | | | 32114 | Ļ | volusia 6. CERTIFICATE OF S' | | | | IE OF STATUS D | ESIRED | | | Fee required e of Status | | |
| 7. Name and Address of Current Registered Agent | | | | | | | | | | | | | | | |
| HARRIS, ARTHUR D SR | | | | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 319 S FRANKLIN ST | | | | | | | | | | 0024 | ១១ | 72 (Tu | oc | | |
| Suite, Apr #, Etc | | | | | | | | | 500244472085 02/07/1301030010 **297.50 | | | | | | |
| DAYTONA BEACH State Zip Code FL 32114 | | | | | | | | | • | | | | | | |
| 8. I, being appointed the registered agent of the above named composition, am familiar with and accept the ob- Signature of Registered Agen | | | | | | | | | ligations of sect | on 607.0505 o | 617,05 Q | 03, F.S /6/ | /3 | | |
| 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 | | | | | | Cit | y / State / Zip |) | i | |
| PD | HARRIS, ARTHUR | | | 319 S FRANKLIN | | | N ST | DAYTO | NA | BCH., | FL: | 32114 | | | |
| CT | SIMS, LEVI | | | | 1335 NORTH STR | | | | REET | DAYTO | NA | BCH., | FL: | 32114 | |
| VD | BROOKS, WILLIS | | | | 502 WHITE ST | | | | ST | DAYTO | NA | BCH., | FL: | 32114 | |
| TD | SANDERS, IRENE | | | | 227 S CAROLINE S | | | | IE ST | DAYTO | NA | BCH., | FL: | 32114 | |
| SD | COOPER, CLARA | | | | 712 WESTMORELAND RE | | | | ND RD | DAYTO | NA | всн., | FL: | 32114 | |
| | | | | | | | | | | | | | | | |
| ^{0.} E-mai | il Address | ILS22 | 7@AOLCOM | | | | | | | | | | | | |

11. 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. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.

WE SAUDERS TRENT SANDERS
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

386 252 8350
Dayrin a Prints a

02/06/2013

Date