

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

98 APR -9 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723009

1. Corporation Name
BETHEL PENTECOSTAL HOLINESS CHURCH
OF THE APOSTOLIC FAITH, INC
4760 N.W. 7TH AVE
MIAMI FL 33142

Principal Place of Business Mailing Address
BETHEL PENTECOSTAL HOLINESS CHURCH
OF THE APOSTOLIC FAITH
16420 NW 162 ST. RD.
OPALOCKA FL 33054

REINSTATEMENT 92-98

A. Alan

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
2/11/98 4/9/98

5. FEI Number
65-0797416

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
S	Treumiller Walton	26 S.W. 9th Apt B.	HALLANDALE FL 33009
P/O	PINKIE JOHNSON	16420 NW 162 ST RD	OPALOCKA FL 33054
D.	Charlie Walton	26 S.W. 9th Street Apt B.	HALLANDALE FL 33009
D	JAMES KNIGHT	3153 NW 47 ST	MIAMI FL 33142
D	William J Spencer	1084 NW 61 ST	MIAMI FL 33127
T	NATHANIEL JOHNSON	16420 NW 162 ST. RD	OPALOCKA FL 33054

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: NATHANIEL JOHNSON
Street Address (P.O. Box Number is Not Acceptable): 16420 NW 162 ST RD
Suite, Apt. #, Etc.
City: OPALOCKA FL
State: FL Zip Code: 33054

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Nathaniel Johnson* REGISTERED AGENT MUST SIGN
Date: 2/11/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(j), 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: *Pinkie Johnson, Pastor.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/11/98 Daytime Phone #: 625-4687

CR2E060 (12/96)