

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 AUG 24 PM 2:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **723809**

1. Corporation Name

BETHEL PENTECOSTAL HOLINESS CHURCH OF THE APOSTOLIC FAITH, INC.

Principal Place of Business

Mailing Address

16420 N.W. 162 STREET ROAD
 OPA-LOGKA FL 33054

16420 N.W. 162 STREET ROAD
 OPA-LOGKA FL 33054



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

2. New Principal Office Address; If Applicable

3. New Mailing Office Address; If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/05/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4760 NW 7 AVE

2030 NW 119 ST #1202

City & State

City & State

MIAMI, FL 33127

MIAMI, FL

Zip Country

Zip Country

33127 U.S.A

33167 U.S.A

5. FEI Number 65-0797416

Applied For

See Attachment 2774975

Not Applicable

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.	City / State / Zip
S	WALTON, TREUMILLER	265 S.W. 9TH APT. B	HALLANDALE FL 33009
T	HILL, ANDREW	2326 NW 43 ST	MIAMI, FL 33142
D	WALTON, CHARLIE	26 S.W. 9TH STREET, APT. B	HALLANDALE FL 33009
D	KNIGHT, JAMES	3153 N.W. 47 STREET	MIAMI FL 33142
D	SPENCER, WILLIAM J	1084 N.W. 61 STREET	MIAMI FL 33127
PD	JOHNSON, NATHANIEL	2030 NW 119 ST #1202	MIAMI, FL 33167

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, NATHANIEL
 16420 N.W. 162 STREET RD.
 OPA-LOGKA FL 33054

2030 NW 119 ST #1202
 MIAMI, FL 33167

Name

Street Address (If Applicable)

Suite, Apt. #, Etc.

City

REINSTATEMENT
 700003377947--4
 -08/30/00 Stat 1063 Code 024
 *****297.56L *****297.50

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

08-20-00

11. 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:

Andrew Hill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-20-00 305-633-3754

CR2E040 (8/99)