

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732191

1. Corporation Name

BETHEL TABERNACLE, INC.

2. Principal Office Address

3017 Sutton Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32810

Country

US

3. Mailing Office Address

3017 Sutton Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32810

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1975

5. FEI Number

59160365 59-1606365

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

HARVEY TURNAGE

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

3017 Sutton Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32810

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

Harvey Turnage
REGISTERED AGENT MUST SIGN

Date 11/30/06

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
PD	Harvey Turnage	3017 Sutton Drive	Orlando, FL 32810
VPD	Ronald Bailes	2726 Lake Grassmere Circle	Zellwood, FL 32798
TD	Ethel Bailes	1143 Green Bluff Court	Zellwood, FL 32198
SD	Lisa Parker	506 Nantuckett Court, #301	Altamonte, FL 32714

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 contained in Chapter 119, 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:

Harvey Turnage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/06

Daytime Phone #

FILED
06 DEC -4 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081412009 11/30/06

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