

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750855

1. Corporation Name

Eglise Evangelique Baptiste De Bethleem, Inc.

2. Principal Office Address - No P.O. Box #

6534 NW 7th Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33150

Country

Dade

3. Mailing Office Address

P.O. Box 694544

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33269

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida 1978

5. FEI Number
59-2221437

☒ 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

Jean-Louis, Jules Rev.

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

17830 NW 28ct

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33056

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/17/2008

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
P	Jean-Louis, Jules	17830 NW 28ct	Miami, FL 33056
VD	Jean-Baptiste, Christine	920 NW 179th Street	Miami, FL 33169
SD	Jean-Louis, Eddy	19180 NW 12th Street	Pembroke Pines, FL 33029
TD	Banks, Floriane	3305 Garnet Rd	Miami, FL 33209

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: Jean-Louis Jules

Date

11-17-08

Daytime Phone #

305-494-1486

11/20
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