PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 17 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751013

1. Corporation Name
BETH ISRAEL MESSIANIC Fellowship INC.

~~N04000023100~~

REINSTATEMENT 01-04

2. Principal Office Address	**3.** Mailing Office Address
24637 Silversmith Dr.	P.O. Box 271708
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LUTZ, FL.	City & State: TAMPA, FL.
Zip: 33559 Country: ~~USA~~	Zip: 33688 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2054098 ☐ 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: WILLIAM HAIM LEVI

500004250415
12/21/04--01004--002 **10.00

Street Address (P.O. Box Number is Not Acceptable): 24637 SILVERSMITH Dr.

Suite, Apt. #, Etc.:

City: LUTZ | State: FL | Zip Code: 33559

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: William Haim Levi — Date: 12/10/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	WILLIAM HAIM LEVI	24637 Silversmith Dr	LUTZ, FL. 33559
VP	DENNIS BACON	1609 10th AVE. W.	BRADENTON, FL 34205
S	VIRGINIA BACON	1609 10th AVE W.	BRADENTON, FL 34205
T	RACHELLE S. LEVI	24637 SILVERSMITH Dr	LUTZ, FL. 33559
D	TOM PHIPPS	7807 FIRESTONE WAY	HUDSON, FL. 34667
D	CONNIE HAYES	6370 24th ST. S. #371	ST. PETERSBURG, FL 33712

JB 4/20

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 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: ~~Rachelle S. Levi~~ RACHELLE S. LEVI — 12/10/04 — 813 949-7728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #