

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN -6 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **769954**

1. Corporation Name

**BETHEL A. M. E. CHURCH OF INDIAN RIVER COUNTY, I NC.**

Principal Place of Business

1410 SW 98TH AVE  
PEMBROKE PINES FL 33025

Mailing Address

1410 SW 98TH AVE  
PEMBROKE PINES FL 33025



**REINSTATEMENT**

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

2. New Principal Office Address, if Applicable

**2123 Pinchurst Dr.**

Suite, Apt. #, etc.

City & State  
**West Palm Beach, FL.**

Zip  
**33407**

Country  
**USA**

3. New Mailing Office Address, if Applicable

**2123 Pinchurst Dr.**

Suite, Apt. #, etc.

City & State  
**West Palm Beach, FL.**

Zip  
**33407**

Country  
**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**08/26/1983**

5. FEI Number

**59-2803827**

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
VD	THOMAS, ALVIN	1006 VERNON ST.	FELLSMERE FL
SD	SMITH, LORAINÉ	1007 VERNON ST.	FELLSMERE FL
<del>TD</del>	<del>HUNTER, SAMUEL</del>	<del>4206 41ST STREET</del>	<del>VERO BEACH FL</del>
<del>PD</del>	<del>JOHNS, PHILIP</del>	<del>1410 SW 98TH AVE</del>	<del>PEMBROKE PINES FL 33025</del>
PD	MCFADDEN, James	2123 Pinchurst Dr.	West Palm Beach, FL 33407

8. Name and Address of Current Registered Agent

JOHNS, PHILIP  
1410 SW 98TH AVE  
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name **James R. McFadden, Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2123 Pinchurst Dr.**  
Suite, Apt. #, Etc.  
**X**  
City **West Palm Beach, FL.** State **FL** Zip Code **33407**

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. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**

Date

**11/10/02**

REGISTERED AGENT MUST SIGN

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/10/02**

Date

**561-845-2191**

Daytime Phone #

CR2E040 (8/02)