PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

		PLEA	OE KEAL	ALL INST	RUCT	ONS	BEFORE C				
	REINSTATEMENT				DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS			Oct	FILED Oct 10, 2008 8:00 A.M Secretary of State		
DOCUMENT #F 9900000 2692 1. Corporation Name											
N.B.C./Bethel-U.S.A. Housing Inc. Thirty-Two ■											
							יך		STATEM	ENTO	
2. Principal Office Address - No P.O. Box # 3. Mailing Of									REINSTATEMENTO		
					Martin Luther King Jr. B			900136806259 10/10/0801015001 **183.75			
Suite, Apt. #, etc. Suite, Apt. #. 4					HC.			4. Date Incorporated or Qualified To Do Business in Florida 05/24/1999			
City & State City & State					P 1			5. FEI Number Applied For			
Newar	k OH 40355			Tallahassee, F			Country		Not Applicable		
43055				32301		Leo	,	6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee for a Certificate of		
7. Name and Address of Current Registered Agent											
Name Holmes, Rev. R.B. Jr.								✓ The reinstatement fee is imposed, except in circumstances which the entity did not receive ✓ The reinstatement fee is imposed, except in circumstances which the entity did not receive. ✓ The reinstatement fee is imposed, except in circumstances which the entity did not receive. ✓ The reinstatement fee is imposed, except in circumstances which the entity did not receive. ✓ The reinstatement fee is imposed, except in circumstances which the entity did not receive. ✓ The reinstatement fee is imposed, except in circumstances which the entity did not receive. ✓ The reinstatement fee is imposed, except in circumstances which the entity did not receive. ✓ The reinstances which the entity did not receive. ✓ The reinstances which the entity did not receive. ✓ The reinstances which the entity did not receive. ✓ The reinstances which the entity did not receive. ✓ The reinstances which the entity did not receive. ✓ The reinstances which the entity did not receive. ✓ The reinstances which the entity did not receive. ✓ The reinstances which the entity did not receive. ✓ The reinstances which the entity did not receive. ✓ The reinstances which the entity did not receive. ✓ The reinstances which the reinstances which the entity did not receive which the enti			
Street Address (P.O. Box Number is Not Acceptable)								the prior notices. By checking this box, you			
224 N. Martin Luther King Jr. Blvd. Suite, Apt. #, Etc.								are certifying the prior notices were not received and requesting the reinstatement			
City State Zip Code							fee be waived.				
Tallahassee, Fl						FL 32301					
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 PROPERTY AND AGENT MUST CICH.									Date 10 9 68		
REGISTERED AGENT MUST SIGN 1 1 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 / Sta	ite / Zip	
Pres	R.B. Holmes, Jr.				224 N. Martin Luther King Jr. B				Tallahassee, Fl	32301	
Sec	Byrd, Ralph L.				10637 Valentine Road North			North	Tallahassee, Fl	32311	
Vice 🔓	Royal, Alton W.				1820 Vineyard Way				Tallahassee, Fl	32317	
Mem	Wright, Charles				6488 Heartland Circle				Tallahassee, Fl	32312	
Mem	Sermon, Richard				9067 South Foxwood Drive			Drive	Tallahassee, Fl 32309		
Mem	Clack,	Clack, Harold				1115 Fraizer Avenue			Tallahassee, FI 32305		
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DC 10/10

Daytime Phone #