PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 JUN 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B 6/10/11
10-7/10/11

REINSTATEMENT

CR2E081 (11/10)

DOCUMENT # N00000003604

1. Corporation Name

BETHEL MISSIONARY BAPTIST CHURCH OF PLANT City, Florida

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
804 W. Renfro Street		P. O. Box 1287	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Plant City, FL		Plant City, FL	
Zip	Country	Zip	Country
33563	U. S. A.	33563	U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 593651477 ☐ 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: Joseph Williams, ESQ

Street Address (P.O. Box Number is Not Acceptable): 1701 James Redman PKWY

Suite, Apt. #, Etc.:

City	State	Zip Code
Plant City	FL	33563

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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 Joseph M. Williams
REGISTERED AGENT MUST SIGN

Date 4/27/ 20011

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
DC	Robert Hallback, Sr.	722 W. Ball Street	Plant City, FL 33563
D	Anthony Washington, JR.	1007 S. Empire Street	Plant City, FL 33563
VCD	James Raines	E. Alabama Street	Plant City, FL 33563
D	Bernest Gray	904 Empire Street	Plant City, FL 33563
D	Joseph Williams, SR.	1204 Empire Street	Plant City, FL 33563
D	Henry Faison	207 W. Madison Street	Plant City, FL 33563

10. **E-mail Address:** _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Robert J. Hallback Robert J Hallback 4/27/2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #