2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004213

HYCINTH, BLISSETT

12229 DE 1ST LANE NORTH

ROYAL PALM BEACH, FL 33412

Name:

Address:

City-St-Zip:

FILED Jul 25, 2006 Secretary of State

Entity Name: THE GATE OF BETHEL, INC. **Current Principal Place of Business: New Principal Place of Business:** 11 NW 34TH AVE FORT LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** 11 NW 34TH AVE FORT LAUDERDALE, FL 33311 FEI Number: 65-1038222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, IVORY 3571 NW 2ND STREET FORT LAUDERDALE, FL 33311 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: IVORY WILSON Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WILSON, IVORY Name: Name: Address: 11 NW 34TH AVE Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: WILSON, SANDRA Name: Address: 11 NW 34TH AVE Address: FORT LAUDERDALE, FL 33311 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: IVORY WILSON PRES 07/25/2006