

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000004213**

1. Corporation Name

**THE GATE OF BETHEL, INC.**

Principal Place of Business

11 NW 34TH AVE  
FORT LAUDERDALE FL 33311

Mailing Address

11 NW 34TH AVE  
FORT LAUDERDALE FL 33311

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1038222

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	WILSON, IVORY	11 NW 34TH AVE	FORT LAUDERDALE FL 33311
SD	WILSON, SANDRA	11 NW 34TH AVE	FORT LAUDERDALE FL 33311
T	HYCINTH, BLISSETT	12229 DE 1ST LANE NORTH	ROYAL PALM BEACH FL 33412

700024328997  
10/31/03--01025--002 \*\*70.00

8. Name and Address of Current Registered Agent

WILSON, IVORY  
3571 NW 2ND STREET  
FORT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

Date

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:

*Sandra Wilson / Sandra Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-316-4679

CR2E040 (7/03)



# **The Gate of Bethel, Inc.**

**11 NW 34th Avenue, Fort Lauderdale, FL 33311**

**Office (954) 316-4679 Fax (954) 316-8170**

**Bishop Dr. Ivory L. Wilson, Founder/CEO**

September 07. 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom Concern:

We did not receive the UBR notices. We are sending the \$ 70.00 for this calander year 2003.

Thank you for your corporation in this matter.

Sincerely,

Dr. Sandra Wilson, Vice President