

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 25 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000007598**

1. Corporation Name

BETHEL CHURCH OF GOD INC.

2. Principal Office Address - No P.O. Box #

4610 LUZON AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 5921

Suite, Apt. #, etc.

City & State

LAKEWORTH FLORIDA

City & State

LAKEWORTH FLORIDA

Zip

33461

Country

PALEMBANG

Zip

33466

Country

PALEMBANG

7. Name and Address of Current Registered Agent

Name

TREVOR L. FAIRCLOUGH

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

6166 PLAINS DRIVE

Suite, Apt. #, Etc.

City

LAKEWORTH

State

FL

Zip Code

33463

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

T. Fairclough

REGISTERED AGENT MUST SIGN

Date **3/20/09**

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
M	MERNA FAIRCLOUGH	6166 PLAINS DRIVE	LAKEWORTH FL. 33463
C	LORETTA ROLOSON	3265-NW. 204 TERR.	MIAMI FL. 33056
D	ROY GREY	12364-89 PLACE N.	WEST PALM BEACH FL. 33412
P	TREVOR FAIRCLOUGH	6166 PLAINS DRIVE	LAKEWORTH FL. 33463
	REINSTATEMENT		
		BH	

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 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 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:

T. Fairclough

TREVOR FAIRCLOUGH

3/20/09

Date

561-38975

Daytime Phone #

200147521982
03/26/09--01007--012 **245.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

OCTOBER 24 - 2001

5. FEI Number

01-0553917

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.