PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 04 DEC -2 AM 9: 28
DOCUMENT # 65-0707567/NO2000000000000000000000000000000000000		· · · · · · · · · · · · · · · · · · ·
2. Principal Office Address 1950 UW 174771 Sh Suite, Apt. #, etc.	3. Mailing Office Address Suite, Apt. #, etc.	REMISTATEMENT 03-04
E City & State / P	City & State	4. Date Incorporated or Qualified To Do Business in Florida HM. 25, 2007 5. FEI Number Applied For Not Applicable
33169 U.S. A.	Zip Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Street Address (P. ty. Box Number is Not Acceptable) Suite, Apri. #. titc. Gity B. I, being appointed the registered agent of the above/named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 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 Eacl Officer and/or Director	L City / State / Zin III
Yes Majorie Camph	ell 1950 NW 1743	Heet Mianu R 33169
Sec. Lineteh Manning 3400 nw 194 Tenace Mismu & 33056		
Tres. Rhonda Campbell	1250 NW 174.	St. Mone, fc 33169
	Miny	\$ 900043125579 12/02/0401028009 **236.25
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 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date		

Division of Corporations Non-profit Reinstatement P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madame:

This is to request a reinstatement of the Bethel Spiritual Baptist Church, Inc. #N02000002133. FEI Number 65-0707567.

The address on file is a wrong address and we have not been receiving the report. Please change the address to: 1250 NW-174th street, Miami, FL 33169.

Sincerely,

Majorie Campbell

President