

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 20 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002240

1. Corporation Name

The Gate of Bethel Bible College

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

3601 Commercial Point

Suite, Apt. #, etc.

Suite 7 & 8

City & State

Fort Lauderdale, Florida

Zip

33309

Country

Broward

3. Mailing Office Address

PO Box 120184

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33312

Country

Broward

02/23/10 01003 004 \$ 70.00
500176531925
04/20/10--01016--019 **122.50

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
01-0662671

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

Dr. Ivory Wilson

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

1300 Riverland Road

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33312

☒ 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.

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

Date 02/19/2010

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 Each Officer and/or Director	City / State / Zip
President	Bishop Dr. Ivory Wilson	1300 Riverland Road	Fort Lauderdale, Florida, 33312
Secretary	Dr. Sandra Wilson	1300 Riverland Road	Fort Lauderdale, Florida, 33312
Chairman	Travis T. Harris, Sr.	3631 NW 2nd Street	Lauderhill, Fl 33311

10. E-mail Address: bethelworship@comcast.net or drsandravilson51@yahoo.com

(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., 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.

SIGNATURE: *Dr. Sandra Wilson* Dr. Sandra Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/2010 954-479-7562

Date

Daytime Phone #