

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY 09 AM 11:54

SECRET  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N02000006491

1. Corporation Name

**BETHESDA CHRISTIAN CENTER OF FORT LAUDERDALE INC.**

2. Principal Office Address

613 NW 3 Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33311

3. Mailing Office Address

P.O. Box 490129

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33349

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/27/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-05

**7. Name and Address of Current Registered Agent**

Name

Dixon Alexandre

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

2800 W Oakland Park Blvd.

Suite, Apt. #, Etc.

107

City

Oakland Park

State

FL

Zip Code

33311

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

*Dixon Alexandre*

Date

5/1/2005

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
P	Rev. Jiordany Francois	354 Sunshine Drive	Coconut Creek, FL 33066
D	Ilderis Walter Denis	17584 SW 29 Lane	Pembroke Pines, FL 33029
T	Willem Borelus	1060 Crystal Lake Drive, Apt 402	Deerfield Beach, FL 33064
S	Yoner Valmyr	7027 W Broward Blvd	Plantation, FL 33317

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2005

Date

(954) 829-6427

Daytime Phone #