

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV -2 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2004 11-20

700042396807
11/02/04--01011--003 **236.25

CRCPK

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 103000003984

1. Corporation Name Bethel Presbyterian Church of Jacksonville, Inc

2. Principal Office Address 3334 Bills Rd. #4B Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32207

3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 23-7366967 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 NAM HUON YI

Street Address (P.O. Box Number is Not Acceptable) Bethel Presbyterian church of Jacksonville, Inc 4489 Willow Chase Ter JAX FL

Suite, Apt. #, Etc.

City Jacksonville State FL Zip Code 32258

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 [Signature] Date 10-17-04

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
DP	Kim, Kwang-il	4489 Willow Chase Ter	JAX FL 32258
DS	Yi, Nam-huon	5031 Rippel Rush Dr	JAX FL 32257
DT	Dor, Chan-soo	10373 Marble Egret Dr.	JAX FL 32257
D	Kim, Chang-yu	2043 Midnight Moon Trl	JAX FL 32246
D	Sou, Il-sook	10889 Cabbage Pond Ct	JAX FL 32257

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] Date 10-17-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (07/04)