PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -1 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/06/96--01028--011
****542.50 ****542.50

200001990302--8
-10/30/96--01048--001
****122.50 ****122.50

DOCUMENT # N04881

1. Corporation Name

BETHESDA CHURCH Inc.

Principal Place of Business
10455 NW 12th Ave
Miami, Fl. 33150

Mailing Address
P.O Box. 681321
Miami, Fl. 33168

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
13160 NW 7th Ave.
Suite, Apt. #, etc.
City & State
Miami, Fl.
Zip 33168 Country U.S.A.

3. New Mailing Address, If Applicable
P.O. Box 681321
Suite, Apt. #, etc.
City & State
Miami Fl.
Zip 33168 Country U.S.A.

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5. FEI Number
59-2595317
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DIR. Pres.	Rev. Ruben Phanord.	970 NE 163rd St.	Miami, Fl. 33162
DIR Treas	Chernise Dominique	1040 NW 196 St	Miami, Fl. 33169
DIR. Sec.	Manolette Phanord.	970 NE 163rd St	Miami Fl. 33162

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REINSTATEMENT

8. Name and Address of Current Registered Agent

Rev. Ruben Phanord.
970 NE 163rd St.
Miami, Fl. 33162

9. Name and Address of New Registered Agent

Name: Rev. Ruben Phanord.
Street Address (P.O. Box Number is Not Acceptable): 970 NE 163rd St.
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33162

10. I, being appointed the registered agent of the above-stated corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 10/31/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ Rev. RUBEN PHANORD 10/31/96 (305) 687-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #