

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 APR 29 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10000000776

1. Corporation Name

Bethesda Church of God INC

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

273 Fort Milton dr.
Suite, Apt. #, etc.

3. Mailing Office Address

273 Fort Milton dr.
Suite, Apt. #, etc.

City & State

Jacksonville FL
Zip Country

City & State

Jacksonville FL
Zip Country

32220 Duval

32220 Duval

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2010

5. FEI Number

383813201

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

YES

7. Name and Address of Current Registered Agent

Name

Dorcene Jean - Rev.

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

273 Fort Milton drive
Suite, Apt. #, Etc.

Jacksonville

State
FL

Zip Code

32220

700259617187
04/29/14--01024--010 **367.50

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

4/22/2014

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
<u>D</u>	<u>Monise Dorcene</u>	<u>273 Fort Milton dr.</u>	<u>Jacksonville FL 32220</u>
<u>D</u>	<u>Exantus Fresner</u>	<u>3130 NE 5th Ave</u>	<u>Pompano Beach FL 33064</u>
<u>D</u>	<u>Exantus Danny E</u>	<u>3131 NE 5th Ave</u>	<u>Pompano Beach FL 33064</u>
<p>REINSTATEMENT</p> <p>MAY 2 2014</p> <p>L. SELLERS</p>			

10. E-mail Address: monise17@yahoo.com or yourstyle11@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2014
Date Daytime Phone #