

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUN 24 AM 9:11

ALACHUA COUNTY FLORIDA

DOCUMENT # N10000008411

1. Corporation Name
Bethel Salone Church of God In Christ, Inc.

2. Principal Office Address - No P.O. Box #
3307 Dr. Martin Luther King, Jr. Dr.

Suite, Apt. #, etc.

City & State
Pensacola, FL

Zip
32503

Country
USA

3. Mailing Office Address
3307 Dr. Martin Luther King, Jr. Dr.

Suite, Apt. #, etc.

City & State
Pensacola, FL

Zip
32503

Country
USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida Sept. 7, 2010

5. FET Number
85-8012644612C-1

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes.

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Michael D. Banks

Street Address (P.O. Box Number is Not Acceptable)
3307 Dr. Martin Luther King, Jr. Dr.

Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32503

100274387451
06/24/15--01025--016 ***490.00

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

Michael D. Banks

REGISTERED AGENT MUST SIGN

Date 06/20/2015

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
Pres.	Michael D. Banks	7905 Kershaw St	Pensacola, FL 32534
Trea.	Gary Riley	7100 Roberts Rd.	Century, FL 32535
Sec.	Felita Fay Hill	704 Hanley Downs	Cantonment, FL 32533
	REINSTATEMENT		S. HAWKES
	2011-2015		JUN 25 A.M.
			EXAMINER

10. E-mail Address: altapensacola@gmail.com or/And wholly4him@bellsouth.net
(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.817.155, F.S.

SIGNATURE:

Michael D. Banks

Michael D. Banks

06/20/2015

850-723-3558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #