

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

306.75

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

18 SEP 17 AM 7:48

STATE OF FLORIDA  
TALLAHASSEE FL 32303

DOCUMENT # NID002009429  
1. Corporation Name Bethesda International Church INC.

2. Principal Office Address - No P.O. Box #  
2212 Mulberry Blvd  
Suite, Apt. #, etc.

3. Mailing Office Address  
2212 Mulberry Blvd  
Suite, Apt. #, etc.

CR2E031 (11/10)

City & State  
Tallahassee, FL  
Zip Country  
32313 U.S.A

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Tallahassee FL  
Zip Country  
32313 U.S.A

4. Date Incorporated or Qualified To Do Business in Florida  
10/07/2012

5. FEI Number  
27-3173593

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  
Etefiorz Yadele

Street Address (P.O. Box Number is Not Acceptable)  
2212 Mulberry Blvd

Suite, Apt. #, Etc.

City State Zip Code  
Tallahassee FL 32313

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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 Etefiorz Yadele

Date 9/17/2018

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>Etefiorz Yadele</u>	<u>2212 Mulberry Blvd</u>	<u>Tallahassee, FL 32313</u>
	<u>Dr. Kalayil Belay</u>	<u>6635 Hardner Blvd</u>	<u>Tallahassee, FL 32317</u>
	<u>Abimash Gubresiorgis</u>	<u>2307 Trumble</u>	<u>Tallahassee, FL 32303</u>
			<b>SEP 17 2018</b>
			<b>C. CARROTHI</b>

10. E-mail Address: bezu@bethesda.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: Etefiorz Yadele

9/17/2018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #