

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 JUL 30 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

DOCUMENT # **N19371**

1. Corporation Name

**BETHESDA TRUE HOLINESS Church,
INCORPORATED, OF DEERFIELD
BEACH, FLORIDA**

2. Principal Office Address **2600**

Hammondville Road

Suite, Apt. #, etc.

Suite #16

City & State

Pompano Beach, FL

Zip

33069

Country

U.S.

3. Mailing Office Address

2600 Hammondville

Suite, Apt. #, etc.

Suite #16

City & State

Pompano Beach, FL

Zip

33069

Country

U.S.

4. Date incorporated or Qualified
To Do Business in Florida

02-23-1987

5. FEI Number

59-2793866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARTHUR L. WATSON

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

1260 S.W. 5th AVE.

Suite, Apt. #, Etc.

City

DEERFIELD Beach,

State
FL

Zip Code

33441

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

Arthur L. Watson

REGISTERED AGENT MUST SIGN

Date

07-29-02

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Arthur L. Watson	1260 SW 5 Ave	Deerfield Beach, FL 33441
V	Edna WATSON	1260 SW 5 Ave	Deerfield Beach, FL 33441
S	Patricia Wilson	4441 NW 34th Street	Lauderdale Lake, FL 33311
T	Velma Williams	325 SW 14th Street	Deerfield Beach, FL 33441

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:

Arthur L. Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07-29-02 954-427-7072

Daytime Phone #