

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -2 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25203

1. Corporation Name.

BETHEL AFRICAN METHODIST EPISCOPAL CHURCH
DUNEDIN, FLORIDA, INCORPORATED

700037569817
06/02/04--01013--007 **61.25

2. Principal Office Address

1134 North Douglas Avenue

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

34698

Country

U.S.A.

3. Mailing Office Address

1134 North Douglas Avenue

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

34698

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

592955523

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Hurst Adams

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

112 W. Adams Street

Suite, Apt. #, Etc.

Ste. #1814

City

Jacksonville

State

FL

Zip Code

32202

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

Rev. Casabell Taylor
REGISTERED AGENT MUST SIGN

Date

5/24/04

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
REV	CASABELL TAYLOR	1443 Overlea Street	Clearwater, FL 33755
S	MARLENE MURRAY	806 North Jefferson Avenue	Clearwater, FL 33755
T	KILIVIA DAVIS	907 Carlton Street	Clearwater, FL 33755
D	Sharon Battle	1571 Amberlea Drive North	Dunedin, FL 34698
D	HUBERT DAVIS	907 Carlton Street	Clearwater, FL 33755

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:

Marlene H. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-24-04

Daytime Phone #

CR2E081 (10/02)