

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **N41769**

00 NOV -8 AM 10:11

1. Corporation Name

**BETHESDA EVANGELICAL CHURCH OF MIAMI, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% MARTINEZ JOVIN  
125 N.E. 119TH ST.  
NORTH MIAMI FL 33161

% MARTINEZ JOVIN  
125 N.E. 119TH ST.  
NORTH MIAMI FL 33161



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/23/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City, State, Zip
D	JOVIN, MARTINEZ	10615 N.W. 2ND CT.	MIAMI FL 33150
D	JOVIN, IMMACULA	10615 N.W. 2ND CT.	MIAMI FL 33150
D	BOUCARD, CHARLESTIN	1450 N E 151 ST	MIAMI FL
S	MATHURIN, NICOLE	12035 NE 2 AVE., APT. 404	MIAMI FL
D	JOSEPH, SAINT LOUIS	530 N W 110 ST	MIAMI FL
D	GERGES, OBNEL	12301 GRILFING BLVD	NORTH MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OBNEL, GEOFYES  
12301 GRIFFING BOULD  
NO MIAMI FL 33161

**REINSTATEMENT**

Name

Street Address (Post Office Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Obnel G. Jovins*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-02-2000

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., 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:

*Martinez Jovin*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-2000

Date

Daytime Phone #

CR2E040 (8/00)