

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1991

5. FEI Number

Applied For

NOT APPLICABLE

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
D	JOVIN, MARTINEZ	10615 N.W. 2ND CT.	MIAMI FL
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

State, Apt. #, Etc. (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. Griffing
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-2000
Date

Daytime Phone #