PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 22 PM 4:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N93000000875

1. Corporation Name

BETHANY CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
6602 Causeway Boulevard Tampa, FL 33619	

REINSTATEMENT AD 95-97

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: 03/17/93

5. FEI Number: 59-3172724 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED [X] — $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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Shellie Truss	7313 Obrien Street	Tampa, FL 33616
VP	Eugene Smith	5824 - 58th Street Court	Tampa, FL 33619
T	Theodore Royal	3804 Coral Drive	Tampa, FL 33619
S	Vernell Walker	5803 Langston Court	Tampa, FL 33619
D	David Lomax	7406 Sherren Drive	Tampa, FL 33619
D	Louzetta Rogers	3818 E. 32nd Avenue	Tampa, FL 33619

8. Name and Address of Current Registered Agent

Roscoe Rogers
3818 E. 32nd Avenue
Tampa, FL 33610

9. Name and Address of New Registered Agent

Name: Shellie Truss
Street Address (P.O. Box Number is Not Acceptable): 7313 Obrien Street
Suite, Apt. #, Etc.:
City: Tampa | State: FL | Zip Code: 33616

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****367.50 ****367.50

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: Shellie Truss — REGISTERED AGENT MUST SIGN — Date: 12/19/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No [X] (See other side for information on intangible tax.)

12. 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: Vernell J. Walker Vernell J. Walker — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 12/19/97 Date — (813) 238-7902 Daytime Phone #

CR2E045 (12/96)