

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 20 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-02

DOCUMENT # **N93000004950**

1. Corporation Name **BEULAH INTERNATIONAL
CHRISTIAN MINISTRIES INC.**

2. Principal Office Address

14141 S.W. 82 ST.

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33183

Country

USA

3. Mailing Office Address

14141 S.W. 82 ST.

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33183

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-28-1993

5. FEI Number

650439727

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANGEL GUTIERREZ

900005665833-1

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

14141 S.W. 82 ST.

06/03/02 01087 012

*******297.50 *****297.50**

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33183

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

Angel Gutierrez

REGISTERED AGENT MUST SIGN

Date

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
PO	ANGEL E. GUTIERREZ	14141 S.W. 82 ST. MIA. 33183	MIAMI, FL. 33183
VTD	SONIA A. GUTIERREZ	14141 S.W. 82 ST.	MIAMI, FL. 33183
D	SONIA E. OSORIO	12921 S.W. 84TH ST.	MIAMI, FL. 33183

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angel Gutierrez

Date

5-17-02

Daytime Phone #