

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP -7 AM 6:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002119

1. Corporation Name

BETHEL AME CHURCH OF PUNTA GORDA, INC

2. Principal Office Address - No P.O. Box #

260 E. OLYMPIA AVE

3. Mailing Office Address

PO BOX 512867

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

Zip

33950

Country

USA

Zip

33951

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/1994

5. FEI Number

650467209

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

JACQUELINE L. DUPREE, REV

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

260 E. OLYMPIA AVE

Suite, Apt. #, Etc.

City

PUNTA GORDA, FL

State

FL

Zip Code

33950

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jacqueline L. Dupree, Rev
REGISTERED AGENT MUST SIGN

Date 8/26/2007

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
D	WILLIE DAVENPORT	2585 YUMA AVE	NORTH PORT, FL 34286
D	DOTTIE RAE FULTON	2473 HERSHEY TERRACE	PORT CHARLOTTE, FL 33983
S/T/D	MARIANNE L YOUNG	305-B CAMILLIA LANE	PORT CHARLOTTE, FL 33954

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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 contained in Chapter 119, 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:

Marianne L Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/07
Date

941-743-1998
Daytime Phone #

Wp
REINSTATEMENT 96-07
CR2E081 (1/07)