

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

99 OCT 21 AM 10:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N95000000899**

1. Corporation Name
THE BETHEL COMMUNITY DEVELOPMENT CORPORATION OF TALLAHASSEE, FLORIDA, INC.

Principal Place of Business	Mailing Address
%BETHEL AME CHURCH 501 W. ORANGE AVE TALLAHASSEE FL 32310	%BETHEL AME CHURCH 501 W. ORANGE AVE TALLAHASSEE FL 32310



REINSTATEMENT

990

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/23/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3301835	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	GREEN, JOHN F	130 COTILLION CIR	TALLAHASSEE FL 32312
VP	STITH, MELVIN <i>Richard Curtis</i>	2668 NOBLE DR 533 Tuskegee St.	TALLAHASSEE FL 32308 32310
SD	GAYMON, NICHOLAS	1937 VINELAND DR	TALLAHASSEE FL 32308
TD	WILLIAMS, MARTHA	121 S WHETHERBONE WAY	TALLAHASSEE FL 32301

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 10/22/99-01008-003
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GREEN, JOHN F 501 WEST ORANGE AVENUE TALLAHASSEE FL 32310		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 *John F. Green* **REQUIRED** Date 10/13/99
 REGISTERED AGENT MUST SIGN

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. **KE**

SIGNATURE: John F. Green **REQUIRED** Date 10/13/99 (850) 576-7801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/98)