

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N96000001829*

1. Corporation Name

Bethel Baptist Church of Apopka, Inc

2. Principal Office Address

914 S. Park Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

914 S. Park Ave.

Suite, Apt. #, etc.

City & State

Apopka, Fl.

Zip

32703-6368

Country

USA

City & State

Apopka, Fl.

Zip

32703-6368

Country

USA

200035161582

05/03/04--01015--005 **420.00

01-04

4. Date Incorporated or Qualified
To Do Business in Florida

1-17-95

5. FEI Number

58-01-149827-550

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

Beverly J. Charlton

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

344 E. 13th St.

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703-6368

REINSTATEMENT *01-04*

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

Bev. J. Charlton

Date

4-27-04

REGISTERED AGENT MUST SIGN

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
<i>D/Trustee</i>	<i>Samuel Charlton</i>	<i>344 E. 13th St.</i>	<i>Apopka, Fl. 32703-4000</i>
<i>D/C/Trustee</i>	<i>BEV. J. Charlton</i>	<i>344 E. 13th St.</i>	<i>Apopka, Fl. 32703-4000</i>
<i>D/Trustee</i>	<i>Ulysses Carter</i>	<i>1364 Honey Rd.</i>	<i>Apopka, Fl. 32712</i>
<i>S/T</i>	<i>Beverly B. Carter</i>	<i>1364 Honey Rd.</i>	<i>Apopka, Fl. 32712</i>
<i>T</i>	<i>Elizabeth Ivey</i>	<i>1301 S. Highland Ave.</i>	<i>Apopka, Fl. 32703</i>

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:

Bev. J. Charlton *Bev. J. Charlton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

Daytime Phone #

(407) 889-4050

CR2E081 (01/04)