

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 FEB 22 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 49740021705 (N-9700000 2340)

1. Corporation Name

BETHEL Church of God, Inc

2. Principal Office Address

90 NE 54th

Suite, Apt. #, etc.

Suite 200

City & State

Miami FL

Zip

33137

Country

U.S.A.

3. Mailing Office Address

P.O. Box 371467

Suite, Apt. #, etc.

Mia FL

City & State

Miami FL

Zip

33137

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEEL Number

N/A

☒ 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

Rev Past Elie C. Floradin

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

P.O. Box 371467 90 NE 54th Suite 200

Suite, Apt. #, Etc.

N

City

Miami FL 33137

State * Zip Code * 5

FL 33137

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

Rev Elie C. Floradin

REGISTERED AGENT MUST SIGN

Date 02-02-2000

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
<u>D</u>	<u>Elie C. Floradin</u>	<u>90 NE 54th</u>	<u>Miami FL 33137</u>
<u>D</u>	<u>Joane Mentiien</u>	<u>13500 NE 13th</u>	<u>Mia FL 33161</u>
<u>D</u>	<u>YVONNE AUGUSTA</u>	<u>1224 NE 110th</u>	<u>Mia FL 33161</u>

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:

Rev Elie C. Floradin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-2000

Date

Daytime Phone #

CR2E081 (9/99)