

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N98000003195**

1. Corporation Name

**NEW BETHEL COMMUNITY DEVELOPMENT CORPORATION**

Principal Place of Business

1571 NW 68 TERR  
MIAMI FL 33147

Mailing Address

1571 NW 68 TERR  
MIAMI FL 33147

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/1998

5. FEI Number

65-0951822

Applied For

Not Applicable

6. ☒ CERTIFICATE OF STATUS DESIRED

\$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
D	HAMRICK, IRENE	19610 NW 11 AVE	MIAMI FL 33169
D	HODGE, WALTER	821 NW 167 TERR	MIAMI FL 33147
<del>D</del>	<del>AUSTIN, KENNETH</del>	<del>61 KALANDAR STREET</del>	<del>MIAMI FL 33147</del>
C/D	BURNS, GEORGE	1531 NW 63 ST	MIAMI, FL 33147
<del>D</del>	<del>GAITOR, BRIAN</del>	<del>10299 NW 33 AVE</del>	<del>OPA LOCKA FL 33056</del>
D	FYNE, ADRIAN	17831 SW 114th AV	MIAMI, FL 33157
T	STAFFORD, PAULA	1960 NW 82 ST	MIAMI FL 33147
			700031073597 04/20/04--01057--004 **70.00

8. Name and Address of Current Registered Agent

BROWN, ANTHONY  
431 NW 184 TERR  
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Anthony Brown*

REGISTERED AGENT MUST SIGN

Date

12-8-03

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.

SIGNATURE:

*Paula Stafford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-8-03

CR2E040 (7/03)