

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 SEP 11 PM 12:59


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100134910541  
09/16/08--01021--006 \*\*140.00

100134910541  
08/25/08--01053--007 \*\*236.25

REINSTATEMENT  
CR2E08F(1207) 83-08

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000004492

1. Corporation Name

Bethel African Baptist, Church, Inc

W08-40031

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

4293 NW 167 ST

Suite, Apt. #, etc.

3. Mailing Office Address

4293 NW 167 ST

Suite, Apt. #, etc.

City & State

Miami Gardens FL

Zip Country

33055

City & State

Miami Gardens, FL

Zip Country

33055 33055

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0452241

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 Lucien Charlemagne

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

20002 NW 43 CT

Suite, Apt. #, Etc.

City

Miami Gardens, FL

State

FL

Zip Code

33055

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8-10-08

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>Ms</u>	<u>Anne-Maria Mibelle</u>	<u>19681 NW 34 Ave</u>	<u>Miami Gardens, FL 33054</u>
<u>Mrs</u>	<u>Rosie Dieudonne</u>	<u>850 NW 200 Terr</u>	<u>Miami Gardens, FL 33169</u>
<u>Mrs</u>	<u>Linda Anstade</u>	<u>7801 NE 6 AVE #12</u>	<u>Miami 33127</u>
<u>Rev</u>	<u>Lucien Charlemagne</u>	<u>20002 NW 43 CT</u>	<u>Miami Gardens, 33055</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 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: Lucien Charlemagne 305-621-50690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SEP 11 2008