

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

99-00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 27 PM 4:06

DOCUMENT # **N98000006015**

1. Corporation Name

Ebenezer Development Ministries Incorporated

2. Principal Office Address

3500 N. State Rd 7

Suite, Apt. #, etc.

440

City & State

Lauderdale Lakes

Zip

33319

Country

Broward

3. Mailing Office Address

3500 N. State Rd 7

Suite, Apt. #, etc.

440

City & State

Lauderdale Lakes

Zip

33319

Country

Broward

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida

Dec. 31, 1998

5. FEI Number

65-0870721

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

Mrs. Jo Marie White

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

3500 N. State Road 7

Suite, Apt. #, Etc.

440

City

Lauderdale Lakes

State

FL

Zip Code

33319

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

Jo Marie White

REGISTERED AGENT MUST SIGN

500003202555-8

04/11/00-01006-011

******306.25 ****306.25**

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
Chm	Kingsley E. Bailey	3500 N. State Rd 7	Lauderdale Lakes, FL 33319
Tres.	Patrick Thompson	6454 NW 65 Terr	Dakland, FL 33067
Sec.	Jo Marie White	6454 NW 65 Terr	Dakland, FL 33067
Tres.	Klave Hyton	1209 Sussex Drive	N. Lauderdale, FL 33068
D	Margaret Edwards	3500 N. State Rd 7	Lauderdale Lakes, FL 33319
D	Winston Thompson	1811 SW 102 Avenue	Dunbrooke Pines, FL 33025

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., 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

Jo Marie White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2000

Date

954-485-7151

Daytime Phone #

AD

CR2E081 (9/99)

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**CORPORATION
REINSTATEMENT**



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

DOCUMENT # *N98000006015*

1. Corporation Name

Beneger Development Ministries Incorporated

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

ADDITIONAL
OFFICERS
ONLY

7. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date

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
D.	<i>Deville Bailey</i>	<i>3500 N. State Rd 7</i>	<i>Lauderdale Lakes, FL 33311</i>
D.	<i>Michael Meyer</i>	<i>3500 N State Rd 7</i>	<i>Lauderdale Lakes, FL 33319</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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #