

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 28 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N9800000 6068**

1. Corporation Name

IGREJA PENTECOSTAL BETHEL

2. Principal Office Address

4825 E. BAY DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

4825 E. BAY DRIVE

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33764

Country

Zip

33764

Country

200034376782
04/28/04--01014--014 **551.25
REINSTATEMENT 99-04

4. Date Incorporated or Qualified To Do Business in Florida

1998

5. FEI Number

59-3574143

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

JOSE VAZ DA SILVA, JR.

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

284 KATHERINE BLVD

Suite, Apt. #, Etc.

8202

City

PAUM HARBOR

State

FL

Zip Code

34684

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

4/22/09

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
P	JOSE VAZ DA SILVA, JR.	284 KATHERINE BLVD # 8202 PAUM HARBOR, FL, 34684	
T	WALLACE REZENDE	1713 10 ST. SW.	LARGO, FL, 33778
S	DAMIAN GAYAN	3266 HAVILAND CT #202-G	PAUM HARBOR, FL, 34684

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)(l), 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/09

Date

727-422-4348

Daytime Phone #

CR2E081 (01/04)