PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 20 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001341

1. Corporation Name
El Bethel Missionary Corp and Foundation Ch

REINSTATEMENT 03-04

200030576662
03/26/04--01095--009 **56.25

2. Principal Office Address	3. Mailing Office Address
3681 N.W 29 St	Same above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Laud Lakes FL	City & State
Zip: 33311 Country: Broward	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 3-01-99

5. FEI Number: 10-65-0909506 ☐ 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: Cleomie Lambert

200030576662
03/16/04--01098--011 **241.25

Street Address (P.O. Box Number is Not Acceptable): 3681 N.W 29 St

Suite, Apt. #, Etc.

City: Laud Lakes State: FL Zip Code: 33311

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: Cleomie Lambert Date: 3-12-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
President	Cleomie Lambert	3681 N.W 29 St	Laud Lakes FL 33311
Vice President	Wilne Pierre	1151 NE 16 Ct #2	Ft Laud FL 33305
Secretary	Myrline Calix	P.O Box 490241	Ft Laud FL 33349
Treasurer	Genelia Isma	4230 NE 4 Terrace	Pompano FL 33064
Assistant	Carl Constant	6911 SW 8 St	Margate FL 33068

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: Cleomie Lambert 3-12-04 (954)537-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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