

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 16 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000035999

1. Corporation Name

Bethlehem Treasures Inc

2. Principal Office Address - No P.O. Box #
2027 NW 27 COURT

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33142

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida **04/05/2000**

5. FEL Number
65-0995526

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
TARIQ HAMAD

Street Address (P.O. Box Number is Not Acceptable)
2027 NW 27 COURT

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33142

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

T. N. Hamad

REGISTERED AGENT MUST SIGN

Date **02/12/07**

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/D	AMAD, TARIQ	2027 NW 27 COURT	MIAMI, FL 33142

700093718687
03/19/07--01027--027 **150.00

700093718687
03/19/07--01027--028 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. N. Hamad

02/12/07

Date

Daytime Phone #

Miami February 12, 2007

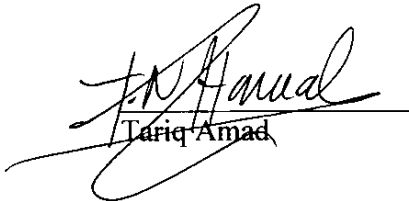
Florida Department of State
Division of Corporations
Corporation Reinstatement

Ref: Bethlehem Treasures Inc
Doc: P00000035999

Dear Officer:

Attached you will find our reinstatement form for the above-captioned corporation along with a payment for year 2006 and year 2007. Due to our moving to new headquarters we miss the reception of the notice for the year 2006. Please take this notice as an official request to waive the reinstatement fee for all explained above and update our record with the new address

Truly Yours,



Tariq Amad