## 2009 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEWIENT										
DOCUMENT # P06000036598									4 4000	
Entity Name     BETHEL BROTHER ENTERPRISES INC.							FILED			
BETHEL BROTHER ENTERPRISES INC.										
							_	09 AUG -	-6 AMII:19	
Principal Place		S		Mailing Address			SECRETA	ARY OF STATE		
17621 SW 7TH ST PEMBROKE PINES, FL 33029 US				17621 SW 7TH ST PEMBROKE PINES, FL	US		TALLAHA	ARY OF STATE SSEE.FLORID	Ā	
T EMBRONE I	11125,12 0	0020		TEMBRONE / MILO, TE GOOLG GO			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Principal Place of Business - No P.O. Box # 3. Mailing Address							-			
z. i inopai i	.000 1107.0. 00		. Mailing / Ida/000					48188 IIIIN 81151 81118 18391 I		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			08062009	REIN-P	CR2E098 (1/07)	
City & State				City & State			4. FEI Numb 41-220			pplied For ot Applicable
Zıp	Country			Zip	try	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of	Current Reg	jistered Agent	<u> </u>	l	7. Name and	Address of New Re		
Name									-	
BETHEL, E 17621 SW		N E		Street /			dress (P O Box Number is Not Acceptable)			
PEMBROK	E PINES,	FL 33029								
						City	· ·		FL Zip Cod	ie
8 The above	named entit	v submits this sta	tement for the	e purpose of changing its	register	ed office or registe	ered anent or bo	th in the State of Flor		and accept
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Sensure types or profiled pame of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE:										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
In accordance with s. 607.193(2)(b), F.S., the										
FIL	E NOW!!!	FEE IS \$30	0.00						not receive the prior	
10.		OFFICE	RS AND DIF	ECTORS	11.	<del></del>	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	IS IN 11
TITLE	Р			☐ Delete	TITL	=			☐ Change	Addition
NAME STREET ADDRESS	BETHEL, BRANDON E 17621 SW 7TH ST					E ET ADDRESS	40	015931	9634	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029					-S1-ZIP	08/06/	0901015(	025 **300. <b>0</b> 0	)
TITLE	VP Delete					<u> </u>			☐ Change	Addition
NAME STOSET LODDESS	BETHEL, BRIAN E				NAM	E ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP				
TITLE	ОМ			☐ Delete	TITL	Ε			☐ Change	☐ Addition
NAME	DELANCY, VEONCA O									AG V.
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS	* *OTT /	TENT	7NT 08-	07 45
TITLE				☐ Delete	TITL	REI	NOT	YI DIATE	ENT 08-	Addition
NAME					NAM	E				
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP				
TITLE				☐ Delete	TITLE				☐ Change	Addition
NAME					NAM					
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP				
TiTLE				☐ Delete	TITL				☐ Change	Addition
NAME					NAM	_				_
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP				
	ertify that the	a information supp	plied with this	s filing does not qualify fr			d in Chapter 119		urther certify that the in	nformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
7. 1 ( 7 4)										
SIGNAT	URE: _	SIGNATURE AND	TYPED OR PRINT	TED NAME OF SIGNING OFFICER	OR DIRECT	for	$\mathcal{D}$	7- 06-0	Daytime Phone #	
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