

P11000083595

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

024 SEP -4 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09/03/24--01037--013 \*\*1650.00

DOCUMENT # P11000083595

1. Corporation Name

Bethel Enterprises Inc

2. Principal Office Address - No P.O. Box #

1574 Oak Leaf Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1574 Oak Leaf Lane

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

KISSIMMEE FL.

Zip

34744

Country

US

Zip

34744

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

9/16/2011

5. FEI Number

38-3851910

☒ 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

OSWALDO B Martinez

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

1574 Oak Leaf Lane

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

8-21-2024

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	Oswaldo B Martinez	1574 Oak Leaf Lane	Kissimmee FL 34744

10. E-mail Address:

BethelTransport78@hotmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-21-2024 407-443-0816

Daytime Phone #