

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 10 AM 11:13

DOCUMENT # 739180

1. Corporation Name

ALLEN TEMPLE AFRICAN METHODIST EPISCOPAL CHURCH
OF TAMPA FLORIDA, INC.

2. Principal Office Address

2101 North Lowe Street

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33605

Country

Hillsborough

3. Mailing Office Address

Post Office Box 76676

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33675-1676

Country

Hillsborough

REINSTATEMENT 98-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/27/1977

5. FEI Number

59-2654662

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

Delano S. Stewart, Esquire

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

1112 East Kennedy Boulevard

Suite, Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

33602

700004651907-3
-10/24/01--01041--015
****420.00 ****420.00

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

Delano S. Stewart

Date 10/8/01

REGISTERED AGENT MUST SIGN

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
PD	Rev. Harry L. Dawkins	12637 Longcrest Drive	Riverview, Florida 33569
VD	Edward Howard	1514 Fox Hill Place	Valrico, Florida 33594
S	Betty Baker	3914 West Pine Street	Tampa, Florida 33607
TD	Earl McCullough	1001 West LaSalle Street	Tampa, Florida 33607
			AD

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:

Earl McCullough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4-01

Date

813-251-3466

Daytime Phone #

CR2E081 (9/00)