

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746143

1. Corporation Name

ST. MARK AFRICAN METHODIST EPISCOPAL CHURCH, INC

Principal Place of Business

Mailing Address

1968 BRUTON BLVD.
ORLANDO FL 32805-5136

1968 BRUTON BLVD.
ORLANDO FL 32805-5136

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/1979

5. FEI Number

59-1973395

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KLECKLEY, ARTHUR	1216 MARTIN LUTHER KING DR.	ORLANDO FL 32805
P	GREEN, SAMUEL L SR.	1968 BRUTON BLVD.	ORLANDO FL 32805
D	JENKINS, MARY A	634 W. ANDERSON ST.	ORLANDO FL 32805
D	TAYLOR, CATHY	5185 CINDERLANE PKWY.	ORLANDO FL 32805
REINSTATEMENT 98-99 75. 1/25/99 *****2753428--0 -01/25/99--01095--001 *****472.50 *****297.50			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREEN, SAMUEL L SR.
1968 BRUTON BLVD.
ORLANDO FL 32805

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Samuel L. Green
REGISTERED AGENT MUST SIGN

Date

1/12/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Samuel L. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 JAN 22 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (9/98)