PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 15 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N00000006354**

1. Corporation Name

GREATER MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH, INC OF ARCADIA

Principal Place of Business	Mailing Address
256 S. ORANGE AVE. ARCADIA FL 34266	PO BOX 1266 ARCADIA FL 34265

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

REINSTATEMENT 2003
800023858238
10/16/03--01066--015 **236.25

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: 09/25/2000

5. FEI Number: NOT APPLICABLE ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~DS~~	~~ANDERSON, RACHEL L~~	~~23445 NELSON AVE.~~	~~PORT CHARLOTTE FL~~
SD	WILLIAMS, RHONDA FAYE	1473 SW HARLEM CIR.	ARCADIA FL
~~POD~~	~~YOUNG, REV GEORGE E~~	~~P.O BOX 1266~~	ARCADIA FL 34265
T	Louis Ross, Sr	1880 Peach Drive	Arcadia, Fl 34266
P.D	Rev Ronald R. Fortune	P.O. Box 1266	Arcadia, Fl 34265

8. Name and Address of Current Registered Agent

~~ANDERSON, RACHEL L~~
~~23445 NELSON AVE.~~
~~PORT CHARLOTTE FL 33954~~

9. Name and Address of New Registered Agent

Name: Williams, Rhonda Faye
Street Address (P.O. Box Number is Not Acceptable): 1473 SW Harlem Cir
Suite, Apt. #, Etc.:
City: Arcadia | State: FL | Zip Code: 34266

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 10/10/03

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., 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: (S) Ronald R Fortune 10/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #