

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 10 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N156004**

1. Corporation Name
Allen Chapel Africian Methodist Episcopal Church, Inc. of Plant City, Florida, a Florida Corporation

Principal Place of Business: **1109 East Laurel Street, Plant City, Fl 33566**

Mailing Address: **P.O. Box 1559, Plant City, Fl 33564-1559**

W994-703

REINSTATEMENT *88-09*

4. Date Incorporated or Qualified To Do Business in Florida *2/16/39*

5. FEI Number **59-2516243**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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. / City & State / Zip / Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>6/4</i> D	Rev. Gregory V. Gay, Sr.	2201 Johnson Loop	Plant City, Fl 33566
<i>6/4</i> D	Catherine Jones	803 Jenkins Street	Plant City, Fl 33566
<i>6/4</i> D	Thelma Jones	2005 E. Willow Drive	Plant City, FL 33566
<i>6/4</i> / T	Clyde Coffee	515 E. Warnell Street	Plant City, Fl 33566

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-02/16/39--01027--001
****910.00 ****910.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: **Rev. Gregory V. Gay, Sr.**

Street Address (P.O. Box Number is Not Acceptable): **2201 Johnson Loop**

Suite, Apt. #, Etc.: **Plant City, Fl 33566**

City: **Plant City** State: **FL** Zip Code: **33566**

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: *[Signature]* REGISTERED AGENT MUST SIGN

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****70.00 ****70.00

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/98 (612) 752-7889
Date Daytime Phone #

CR2E040 (1/98)