

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAR -7 AM 11:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **700376**

1. Corporation Name

**ST. MARY'S WESLEYAN METHODIST CHURCH, INC.**

Principal Place of Business

% LANGSTON O. LONGLEY  
 4798 N W 8 AVE  
 MIAMI FL 33127  
 US

Mailing Address

% LANGSTON O. LONGLEY  
 1875 NW 172ND TERRACE  
 MIAMI FL 33056  
 US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida

01/29/1960

5. FEI Number

05-0037178

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
T	HUNTER, LARRY	1261 NW 173 RD TERR	MIAMI FL 33056
T	WRIGHT, HARRIS	9960 NW 11TH ST	PLANTATION FL 33322
T	HARRIS, YVONNE	9960 NW 11TH ST	PLANTATION FL 33322
VT	HUNTER, GLADSTONE	4100 NW 11 CT	MIAMI FL
T	RUSH SHARAVEEN	470 N.W. 139TH ST.	MIAMI FL
CD	LONGLEY, LANGSTON O.	1875 N.W. 172ND TERRACE	MIAMI FL

8. Name and Address of Current Registered Agent

FERGUSON HAROLD  
 2931 N.W. 49TH ST.  
 MIAMI FL 33142

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. **500003169935--3**  
 -03/14/00--01119--034  
 City **\*\*\*308** State **FL** Zip **\*\*\*306.25**

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 REQUIRED** Date: **1-12-2000**  
 REGISTERED AGENT MUST SIGN

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-12-2000 305 788-0000**

CR2E040 (8/95)