

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUN -7 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724581

1. Corporation Name

ST ANDREWS' A.M.E. CHURCH INC.

2. Principal Office Address - No P.O. Box #

203 - 17th Street west

Suite, Apt. #, etc.

NK

City & State

Palmetto, Florida

Zip

Country

USA

3. Mailing Office Address

203 - 17th Street west

Suite, Apt. #, etc.

NK

City & State

Palmetto, Florida

Zip

Country

USA

REINSTATEMENT

CR2B081 (11/10)

10-12

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2484435

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: Otis Kelley

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

3112 9th Ave. Dr.

Suite, Apt. #, Etc.

Palmetto

City
Palmetto

State
FL

Zip Code
34221

400235370674
05/21/12-01051-002 **\$59.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/13/12

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
STEWARDS	Otis Kelley	3112 9th Ave. Dr. E.	Palmetto, FL 34221
Trustee	F. J. [unclear]		Palmetto, FL 34221
Trustee	Nancy L. Bragg	2318 - 2nd Ave. W.	Palmetto, FL 34221
Protector	Melbae Backmon	210 15th St. W.	Palmetto, FL 34221

JUN 07 2012

T. SCOTT

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/12

Date

Day*

Saint Andrews A.M.E Church

*203 17th Street West
P.O. Box 812
Palmetto, Florida 34221
Telephone: (941) 729-4340*

Rev. Kelvin L. Simms, Pastor

Attention: Mr. Tyrone Scott

Otis Kelly.....Steward

Nancy Bragg.....Trustee

Meldore Balkman.....Pro-Tem Trustee

The Officers and members of St. Andrews A.M.E. Church would like
to thank you for your appreciation in this matter.

Humbly Submitted,

Rev. Kelvin L. Simms, Pastor

Sis. Madeline Pearson, Church Secy.