

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

98 JUL 17 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 93-98 763 999

1. Corporation Name: *The Florida Conference of the African Methodist Episcopal Church, Inc*

Principal Place of Business / Mailing Address:
*101 East Union Street Suite 301
Jacksonville, FL 32202*

REINSTATEMENT *93-98 763 999*

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		4. Date Incorporated or Qualified To Do Business in Florida <i>02/17/94</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>53-0204696</i>	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	<i>Desue Thomas B Comm 1998, Transf.</i>	<i>11857 Honey Locust Dr</i>	<i>Jacksonville FL 32202 Jacksonville, FL 32223</i>
D	<i>Green, John F.</i>	<i>501 West Orange Ave</i>	<i>Tallahassee, FL 32310</i>
T	<i>Plummer, Lee E.</i>	<i>Route 3, Box 114</i>	<i>Tallahassee, FL 32310</i>
D	<i>Byrd, Leander Byrd</i>	<i>3117 Suffolk Drive</i>	<i>Tallahassee, FL 32309</i>
D	<i>Redick, A. Joseph</i>	<i>1943 College Cir North</i>	<i>Jacksonville FL 32209</i>
D	<i>Wilson, Ralph L</i>	<i>Route 4, Box 1590</i>	<i>Madison FL 32340</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<i>Thomas B. Desue 101 East Union Street Suite 301 Jacksonville, FL 32202</i>		Name: _____ Street Address (P.O. Box Number is not acceptable): <i>600597--8</i> City, State, Zip: <i>-07/28/98--01063--009</i> Suite, Apt. #, Etc.: <i>***2082.50 ***367.50</i> 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: *Thomas B. Desue* REGISTERED AGENT MUST SIGN Date: *07/17/98*

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: *Thomas B. Desue* *Thomas B. Desue* *07/17/98*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #