

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 APR 30 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **764021**

1. Corporation Name

**AFRICAN METHODIST EPISCOPAL CHURCH OF THE
MASTER OF JACKSONVILLE, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**5637 Vernon Road
Jacksonville, FL 32209**

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

July 2, 1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3506534

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

3000002511293--6

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
D/P	Karl V. Smith	12907 Oakland Hills Rd.	Jacksonville, FL 32225
D/S	Mamie L. Jackson	5130 Foxboro Road	Jacksonville, FL 32208
D/T	Avis K. Horne	1353 Shearwater Drive	Jacksonville, FL 32208

REINSTATEMENT

88-98

SC 4-30-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Bishop Frank C. Cummings
101 East Union Street
Jacksonville, FL 32202**

Name

Karl V. Smith, Pastor

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

5637 Vernon Road

Suite, Apt. #, Etc.

City **Jacksonville**

State **FL**

Zip Code

32209

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

Karl V. Smith

REGISTERED AGENT MUST SIGN

Date **4/29/98**

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:

Karl V. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Karl V. Smith

President **4/29/98 904/905-4311**

Date

Daytime Phone #

CR2E040 (1/98)