

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 24 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764021

1. Corporation Name

AFRICAN METHODIST EPISCOPAL CHURCH OF THE MASTER OF JACKSONVILLE, FL

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

5637 Vernon Road

3. Mailing Office Address

5637 Vernon Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32209

Country

USA

Zip

32209

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 2, 1982

5. FEI Number
59-3506534

☐ 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

Rev. Mose Thomas III

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

5637 Vernon Road

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32209

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

X *Rev. Mose Thomas III*

REGISTERED AGENT MUST SIGN

Date *3/19/09*

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
D/P	Rev. Mose Thomas III	12259 Franklin Brook Lane S	Jacksonville, FL 32225
D/S	Gerald Williams	826 Magic Cove Lane	Jacksonville, FL 32218
D/T	Joe James	6640 Kinlock Drive	Jacksonville, FL 32219

10. 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 contained in Chapter 119, 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:

Rev. Mose Thomas III

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/09 - 768-234

Daytime Phone #

SIGNATURE