

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 85-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra N. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 FEB 10 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764022

1. Corporation Name

ROBINSON CHAPEL AFRICAN METHODIST EPISCOPAL
CHURCH of FORT MYERS, FLORIDA, INC.

Principal Place of Business

Mailing Address

1709 PALMETTO AVENUE
FT. MYERS, FL. 33916

P.O. BOX 7733
FT. MYERS, FL. 33901

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

Jan. 25, 1982.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-6553124

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
C/D	REV. KELVIN L. SIMMS	2803 THOMAS STREET	FT. MYERS, FL. 33916
D/S	MRS. JUANITA D. SIMMS	2803 THOMAS STREET	FT. MYERS, FL. 33916
D	MS. ANNIE JAMES	3641 HIGHLAND AVENUE	FT. MYERS, FL. 33916
D	MRS. NANCY E. SIMMS	3130 ST. CHARLES AVENUE	FT. MYERS, FL. 33916
D	MS. JEWELL NICHOLLS	1829 Lillie Street	FT. MYERS, FL. 33916
D	MR. SILAS S. HARRIS	17 CASTLEBAR CIRCLE	FT. MYERS, FL. 33905

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELEVENTH EPISCOPAL DISTRICT
BISHOP FRANK C. CUMMINGS
40 EAST STATE STREET,
JACKSONVILLE, FLORIDA, 32202.
(904) 355-8262

Name

200002085522--5

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

02/12/97-01092-003

Suite, Apt. #, Etc.

****980.00 ****980.00

City

REINSTATEMENT 85-97

State

Zip Code

FL

33901

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

REGISTERED AGENT MUST SIGN

Date

02/04/97 2/10/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Kelvin LeVon Simms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/97 (941) 334-6423

Daytime Phone #

CR2040 (12/96)