

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767477

1. Corporation Name

**St. James African Methodist Episcopal Church of
Ft. Lauderdale, Florida, Inc.**

2. Principal Office Address
2713 NW 12th Court

3. Mailing Office Address
2315 NW 155 Street

Suite, Apt. #, etc:

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Opa-Locka, FL

Zip **33311** Country **Broward**

Zip **33054** Country **Miami-Dade**

4. Date Incorporated or Qualified
To Do Business in Florida **03/15/1983**

5. FEI Number **050050303**

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. Ronnie Britton

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

2315 N.W. 155 Street

Suite, Apt. #, Etc.

City

Opa-Locka,

State
FL

Zip Code
33054

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

Rev. Ronnie Britton

Date

4/24-03

REGISTERED AGENT MUST SIGN

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
PT	Britton, Ronnie Rev.	2315 N.W. 155 Street	Opa-Locka, FL 33054
T	Garner, Walter	2960 N.W. 8 Road	Ft. Lauderdale, FL 33311
T	Major, Joe	3410 N.W. 5 Court	Ft. Lauderdale, FL 33311
T	Dixon, Deloris	734 Southwest 4 Street	Dania, FL 33044
D	Walker, Sadie	515 NW 17 Avenue	Ft. Lauderdale, FL 33311
D	Spicer, Gerald	1236 N.W. 18 Court	Ft. Lauderdale, FL 33311

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 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:

Rev. Ronnie Britton

Ronnie E Britton

Date

Daytime Phone #

4/24-03 (305) 688-1760

CR2E081 (10/02)

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