

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006654

1. Corporation Name

HURST CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH
OF ORLANDO, INC.

Principal Place of Business

901 WEST BENTLEY STREET
ORLANDO FL 32805

Mailing Address

901 WEST BENTLEY STREET
ORLANDO FL 32805

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/2000

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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 3	City / State / Zip 4
P	JACKSON, CHARLES R.	901 WEST BENTLEY STREET	ORLANDO FL 32805
V	GRAHAM, WILLIAM	901 WEST BENTLEY STREET	ORLANDO FL 32805
S	FORD, RHYNA	901 WEST BENTLEY STREET	ORLANDO FL 32805
D	MC GEE, SARAH	901 WEST BENTLEY STREET	ORLANDO FL 32805
D	GRAHAM, BETTY	901 WEST BENTLEY STREET	ORLANDO FL 32805
D	WEAVER, KATHY	901 WEST BENTLEY STREET	ORLANDO FL 32805

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: Charles R Jackson
Street Address (P.O. Box Number is Not Acceptable): 3998 So. Lake Orlando Parkway
Suite, Apt. #, Etc.:
City: Orlando
State: FL
Zip Code: 32808

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

100008692961
10/30/02--01028--005 ***36.25

10/28/02

11. 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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02 (407) 423 2831