


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUL - 6 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT
2007 AR**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # **ND1000001387**

1. Corporation Name

**HOOD Temple AFRICAN Methodist Episcopal Zion
Church, INC.
3608 N. 26th St.**

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

3608 N. 26th Street

Suite, Apt. #, etc.

3. Mailing Office Address

3608 N. 26th Street

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33605-1322

Country

UNITED STATES

City & State

TAMPA, FLORIDA

Zip

33605-1322

Country

UNITED STATES

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/2001

5. FEI Number

59-3639169

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

WINSTON PRESCOTT

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

3608 N. 26th STREET

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33605

☐ 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

Winston Prescott

REGISTERED AGENT MUST SIGN

Date **3/12/2007**

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
Vice Pres: Dist Trustee	RUSSELL, CLARA	2206 E. IDA STREET	TAMPA/FL/33610
SENIOR Trustee	WRIGHT, BARBARA J	8707 BUSCH OAKS STREET	TAMPA/FL/33617
PRESIDENT Trustee	PETWAY, MARGARET	7611 NOTTINGHILL SKY DRIVE	APOLLO BEACH/FL/33572

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:

Margaret Petway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/07

Date

Daytime Phone #

7/10/07