## Please read all instructions before completing this form,

| CORPORATION REINSTATEMENT  | FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations |  | H24 PM 4:27                         |  |  |  |
|--|---|--|-------------------------------------|--|--|--|
| DOCUMENT # NO 2000   | - •   | JEURÉ<br>TALLAH  | ETARY OF STATE<br>HASSEE, FLORIDA   |  |  |  |
| GREATER SAJUT PAU<br>EPISCOPAL OF  | L AFRICAN METHODIST<br>ORIANDO, INC<br>WO8-1318                         | I  | 00116459019<br>70801034002 **315.01 |  |  |  |
| 2. Principal Office Address - No P.O. Box #  1040 S. PARRAMORE AVE  Suite, Apt. #, etc.  | 3. Mailing Office Address 10405. PARRAMORE AVE Suite, Apt. #, etc.      | REI  | nstatement <u>04-08</u>             |  |  |  |
| City & State  ORIANDO, Florida  Zp  Zp  Country  Country  Country  Country  Country  | City & State  ORIANDO, FIORIZA  Zip Country  32805 USA                  | To Do Busir<br>5. FEI Number<br>1342   |                                     |  |  |  |
| 7. Name and Address of Current Registered Agent  Name  MARUIN D. JOHNSON  Street Address (P.O. Box Number is Not Acceptable)  1040 South PARRAMORE AUE  Suite, Apt. #, Etc.  City  |   | 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. |                                     |  |  |  |
| Registered Agent Marcus On Registered Agent Must SIGN  FL 32-805  FL 32-805  FL 32-805  Date 01-03-08  |   |  |                                     |  |  |  |
| 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 for Directors  | Street Address of Eacl<br>Officer and/or Directo                        |  | City / State / Zip                  |  |  |  |
| D' Dus When 1040 S. PHYT OMOTE AVE ORIANDS FL. 32805   |   |  |                                     |  |  |  |
| T" Marsin of show  |   |  | 001 H32805                          |  |  |  |
| D' DORIS WILLIAMSON 10405 PARRAMORE AVE ORLANDO FL 32805<br>D' LA MARR RICHARDSON 10405 PARRAMORE AVE ORLANDO FL 32805   |   |  |                                     |  |  |  |
| "T" MARUIN O. JO!  | HNSON 10405. PARRAMO  | RE AVE   | ORland F1 32805                     |  |  |  |
| 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 filling 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 it made under cath.  SIGNATURE:  SIGNATURE:  Description  Descri |   |  |                                     |  |  |  |

## Page 2082 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT   | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS   | 4                     | to a based   |  |  |
|---|---|-----------------------|--|--|--|
| OCUMENT # NO 2000  1. OCCUMENT # NO 2000  1. | 000 8382<br>UL AFRICAN<br>COPAL OF ODIANDO,INC<br>WO8-1318  | "(                    | tachmen  |  |  |
| 2. Principal Office Address - No P. Box#  | 3. Mailing Office Address 1040 S PARRAMORE AVE Suite, Apt. #, etc.  | 4. Date Incorp        | cR2E081 (12/07)  corated or Qualified ness in Florida 10 -29- 2002   |  |  |
| City & State  ORIANDO FIORIDA  Zip  32805 Country  USA  | Chy State ORA CO FORIDA  Zip Country USA  | 5. FEI Numbe          |  |  |  |
| 7. Name and Address of Current Registered Agent Name ARVIN O. JOHNSON Street Address (P.O. Box Number is Not Acceptable) ARRAMORE AVA Suite, Apt. #, Etc.  City ORIANDO State FL 32805  |   |                       | 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. |  |  |
| Signature of Registered Agent   | e named corporation, am familiar with and accept the of   | oligations of section | on 607.0505 or 617.0503, F.S.  Date  |  |  |
| Names and Street Addresses of Each Officer and/officers and/or Directors      Officers and/or Directors   | or Director (Florida nonprofit corporations must list at lea<br>Street Address of Each<br>Officer and/or Director |                       | City / State / Zip   |  |  |
| D" REV. TERREIL L. BIA  | 1040 S. PAMANI<br>HIR SR. 1040 S. PARRAMOR  | R AUE                 |  |  |  |
|   |   |                       |  |  |  |
| 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Daytime Phone #  |   |                       |  |  |  |