

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 11 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03-6066**

1. Corporation Name

Allen Chapel African Methodist
Episcopal Church of Jacksonville

REINSTATEMENT 04-08

200119866582
03/11/08--01005--028 **750.00
CR2E081 (12/07)

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

1529 Swan Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 23814

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32226

Country

US

Zip

32241

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/2003

5. FEI Number

None

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

Louise Chappel

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

2950 Claire Lane

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32241

☐ 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

Louise L. Chappel
REGISTERED AGENT MUST SIGN

Date *28 February 2008*

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
D	Frank Gamble, SR.	5810 Hollynock	Jacksonville, FL 32209
D	Ernest McDowell	5093 Frederickburg Ave.	Jacksonville, FL 32208
D	Marva Sampson	3522 Marland Street	Jacksonville, FL 32209
D	Louise Chappel	P.O. Box 23814	Jacksonville, FL 32241
		<i>\$73/12</i>	

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:

Louise L. Chappel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 February 2008
Date

Daytime Phone #