

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 19 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000012125

1. Corporation Name

St. Luke African Methodist Episcopal
Church, Inc.

REINSTATEMENT

05-07

CR2E081 (12/05)

2. Principal Office Address

694 Pearl St

3. Mailing Office Address

P.O. Box 341

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084

Country

St. Johns

Zip

32085

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/04

5. FEI Number

05-0613873

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

Virian Smith-Fountain

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

694 Pearl Street

Suite, Apt. #, Etc.

400089583874

02/27/07--01020--014 **61.25

City

St. Augustine

State

FL

Zip Code

32084

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

Virian Smith-Fountain

Date 12/18/06

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
P	Virian Smith-Fountain	1002 Tib Dr. Apt 104 Orlando, FL 32825	500082896005 01/02/07--01019--018 **297.50
S	Tiffany Holmes	1081 N. Orange St	St. Augustine, FL 32084
D	Louis Howard	662 Julia St	St. Augustine, FL 32084
D	Karelyn Owens	62 Evergreen Ave.	St. Augustine, FL 32084
D	Timothy Mitchell	533 Live Oak St	St. Augustine, FL 32084

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:

Virian Smith-Fountain, Virian Smith-Fountain

12/18/06

(904) 502-9763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #