PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 DEC -6 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/05/11--01049--008 **358.75

REINSTATEMENT 09-11

DOCUMENT # N04000012125

1. Corporation Name
St. Luke African Methodist Episcopal Church, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
694 Pearl Street		P.O. Box 341	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: St. Augustine		City & State: St. Augustine, FL	
Zip: 32084	Country: USA	Zip: 32085	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Unknown

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: Mattie Riley-Hayes

Street Address (P.O. Box Number is Not Acceptable): 694 Pearl Street

Suite, Apt. #, Etc.

City	State	Zip Code
St. Augustine	FL	32084

$87 12/6

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: Mattie Riley-Hayes — REGISTERED AGENT MUST SIGN — Date: 11-28-11

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	Riley-Hayes, Mattie	2159 Tuskegee Road	Jacksonville, FL 32209
S	Holmes, Tiffany	1081 N. Orange Street	St. Augustine, FL 32084
D	Owens, Evelyn	62 Evergreen Avenue	St. Augustine, FL 32084
D	Howard, Louis	662 Julia Street	St. Augustine, FL 32084
D	Mitchell, Tymothy	533 Live Oak Street	St. Augustine, FL 32084

10. **E-mail Address:** mrileyhayes@comcast.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Mattie Riley-Hayes — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11-28-11 Date — (904) 537-3658 Daytime Phone #