

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


13 FEB -5 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/10)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05600002433

1. Corporation Name

St. Phillips Florida Union Methodist
Episcopal Church, Inc.

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

901 2328 St. Marks St.

3. Mailing Office Address

901 CARVER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL 32310

City & State

TALLAHASSEE, FL 32310

Zip

32310

Country

LEON

Zip

32310

Country

LEON

4. Date Incorporated or Qualified
To Do Business in Florida

3/10/05

5. FEI Number

14-1925090

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

Otis Lee Dixon III

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

901 CARVER STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32310

200244388462
02/05/13--01022--005 **297.50

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

Otis Lee Dixon III

Date 1-5-13

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	McCloud, PC	2328 St. Marks St	Tallahassee, FL 32310
T	Dixon, Otis Sr.	2328 St. Marks St.	Tallahassee, FL 32310
T	Dixon, Otis L. III	2328 St. Marks St.	Tallahassee, FL 32310
S	Dixon, Adrian T	2328 St. Marks St.	Tallahassee, FL 32310

10. E-mail Address: LEE1EE200432310@YAHOO.COM

(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:

Otis Lee Dixon III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DR