

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N06000013090

1. Corporation Name  
ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH OF PALMETTO, INC

2. Principal Office Address - No P.O. Box #  
2315 5TH AVE DR E

3. Mailing Office Address  
707 13TH ST W

Suite, Apt., #, etc.

City & State  
PALMETTO, FL

Zip Country  
34221 USA

**FILED**  
12 JUN -8 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
  
500235415225  
05/22/12--01025--002 \*\*463.75  
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 1/23/1925  
5. FEI Number 59-3299471  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 **REV. FRANKIE S. FAYSON, III**  
Street Address (P O. Box Number is Not Acceptable)  
126 38TH LAKE VISTA DR  
Suite, Apt., #, Etc.  
City State Zip Code  
GIBSONTON, FL 33534

500235415225  
06/08/12--01027--004 \*\*78.75

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 [Signature] Date 5/2/2012  
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
PD	REV. FRANKIE S. FAYSON, III	126 38TH LAKE VISTA DR	GIBSONTON, FL 33534
VD	TRECE CAMPBELL	12555 23RD ST E	PARRISH, FL 34219
D	JOHNNY RICHARDSON	11854 SHREWSBURY LN	PARRISH, FL 34219
D	SARAH LOWE	707 13TH ST W	PALMETTO, FL 34221
<b>REINSTATEMENT</b>			<b>JUN - 8 2012</b>
			<b>R HUNT</b>

10. E-mail Address: frankie.fayson@fisglobal.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: [Signature] Date 5/2/12  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #