

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -2 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07440

1. Corporation Name

Mount Zion African Methodist Episcopal
Church, Tampa, Florida, Incorporated

2. Principal Office Address

111 S. Dakota Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

3. Mailing Office Address

111 S. Dakota Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

REINSTATEMENT

04-080

**4. Date Incorporated or Qualified
To Do Business in Florida**

02-04-1985

5. FEI Number

59-1877018

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

Marcus Stafford

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

111 S. Dakota Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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

Marcus Stafford
REGISTERED AGENT MUST SIGN

Date

10-29-06

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
SD	Mary Clark	6712 Mirror Lake Ave	Tampa, FL 33634
2VD	Leroy Sims	12017 Timberhill	River View Mary Esther, FL 32569 33569
TD	Shannon Burch	7202 Papaya Cr. 7202 Papaya Ct.	Tampa, FL 33619
VD	Homer Hemmingway	5668 Hughes Street	Tampa, FL 33609
			100081471741 11/03/06--01029--015 **359.75

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:

Homer Hemmingway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-06

Date

621-5779

Daytime Phone #

K. Eckel NOV 03 2006