

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **1709674**

1. Corporation Name

**Saint James African Methodist
Episcopal Church, Sanford, Florida, INC.**

2. Principal Office Address

819 Cypress Avenue PO Box 1903
Suite, Apt. #, etc.

3. Mailing Office Address

Sanford, Florida
Suite, Apt. #, etc.

City & State

Sanford, Florida

City & State

Sanford, Florida

Zip

32771

Country

US

Zip

32772

Country

US

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

1871

5. FEI Number

59-3433647

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

Lucius C. Dorsey Jr.

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

401 E 7 ST

Suite, Apt. #, Etc.

City

Sanford

REINSTATEMENT

State

FL

Zip Code

32771

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**

Lucius C. Dorsey Jr.

REGISTERED AGENT MUST SIGN

Date

7-19-01

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
C	Bishop John H. Adams	101 E. UNION ST.	Jacksonville, Fla. 32201
D	Lucius C. Dorsey Jr.	401 E 7 St.	Sanford, Fla. 32771
D	Cal Bookman	1202 W. 7th St.	Sanford, Fla. 32771
D	Wille J Mercherson	3051 Kings Rd.	Sanford, Fla. 32771
D	Ronald Rogers	375 Still Forest Trm.	Sanford, Fla. 32771
D	Leroy Johnson	620 Sanford Ave.	Sanford, Fla. 32771

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 under section 119.07(3)(i), 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:

Lucius C. Dorsey Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-01 407 322-1045

Date

Daytime Phone #

CR2E081 (9/00)