PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -4 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600075895796
06/07/06--01003--005 **306.25

DOCUMENT # N09676

1. Corporation Name
Saint James African Methodist Episcopal Church, Sanford, Florida, Inc.

REINSTATEMENT 02-06

ep

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
819 Cypress Ave	P. O. Box 1903
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford, Florida	City & State: Sanford, Florida
Zip: 32771 Country: USA	Zip: 32772 Country: USA

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: Brenda Edge

Street Address (P.O. Box Number Is Not Acceptable): 401 E 7th Street

600075895796
06/07/06--01003--006 **17[illegible].00

Suite, Apt. #, Etc.

City: Sanford | 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: Brenda Edge — Date: 2-22-06
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
C	Bishop McKinley Young	101 E Union St Suite 300	Jacksonville, Fl 32201
P	Brenda Edge	401 E 7th Street	Sanford, Fl 32771
D	Sylvia Stallworth	617 Sanford Ave.	Sanford, Fl 32771
V	Cab Bookman	8202 W 7th Street	Sanford, Fl 32771
T	Eldred McCoy	1419 Mara Court	Sanford, Fl 32771
S	Mildred Wilson	1805 Harding Ave	Sanford, Fl 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 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: Brenda Edge — Brenda Edge — 2/22/06 — 407-322-1203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #