

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N156004

1. Corporation Name
Allen Chapel Africian Methodist Episcopal Church, Inc.
of Plant City, Florida, a Florida Corporation

Principal Place of Business Mailing Address
1109 East Laurel Street P.O. Box 1559
Plant City, Fl 33566 Plant City, Fl 33564-1559

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

59-2516243

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
64 D	Rev. Gregory V. Gay, Sr.	2201 Johnson Loop	Plant City, Fl 33566
64 D	Catherine Jones	803 Jenkins Street	Plant City, Fl 33566
64 D	Thelma Jones	2005 E. Willow Drive	Plant City, FL 33566
64 / T	Clyde Coffee	515 E. Warnell Street	Plant City, Fl 33566
			000002776600--S.
			-02/16/39--01027--001
			***910.00 ***910.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Rev. Gregory V. Gay, Sr.

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

2201 Johnson Loop

Suite, Apt. #, Etc.

Plant City, Fl 33566

City

Plant City

State

FL

Zip Code

33566

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

000002776600--S.
 -02/16/39--01027--002
 *****70.00 *****70.00

(See other side for information on intangible tax.)

12. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/98

(612) 752-7389

Date

Daytime Phone #

CR2ED40 (1/98)