

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP 27 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50616

1. Corporation Name

First African Methodist Episcopal Church of Palm Coast, Inc.

800110061076
09/29/07--01055--001 **183.75

2. Principal Office Address - No P.O. Box #
91 Old Kings Rd. N

3. Mailing Office Address
PO BOX 353967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM COAST, FL

City & State
PALM COAST, FL

Zip
32137

Country
US

Zip
32135

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 1/12/1994

5. FEI Number 593318076

Applied F
Not Appli

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee re
for a Certificate of Sta

7. Name and Address of Current Registered Agent

Name
Rev. Gillard S. Glover

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

Suite, Apt. #, Etc.

City
PALM COAST

State
FL

Zip Code
32164

The reinstatement fee is imposed, except i
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 *Gillard S. Glover*
REGISTERED AGENT MUST SIGN

Date 9/26/07

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	MOSLEY, WILLIAM	91 Old Kings Rd. N	PALM COAST, FL
SD	LUCKETT, ROSE	91 Old Kings Rd. N	PALM COAST, FL
SD	SMITH, JEANNETTE	91 Old Kings Rd. N	PALM COAST, FL
PD	GLOVER, GILLARD S. REV.	91 Old Kings Rd. N	PALM COAST, FL
TT	WILSON, EMMA	91 Old Kings Rd. N	PALM COAST, FL

REINSTATEMENT 05-07

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: *Gillard S. Glover* Rev. Gillard S. Glover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/07
Date

(386) 446-5759
Daytime Phone #