

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

CR2E081 (1/07)

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 #