
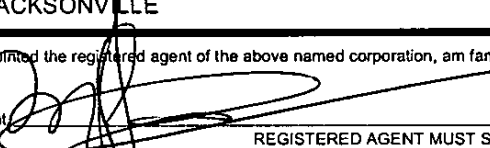
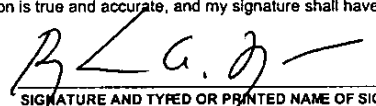


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 JUL 13 PM 3:01 SECRET DATE FALL 2013	
DOCUMENT # N93000001529					
1. Corporation Name ST. PAUL AFRICAN METHODIST EPISCOPAL CHURCH OF TAMPA, FLORIDA, INC.					
2. Principal Office Address 506 E. HARRISON STREET Suite, Apt. #, etc.			3. Mailing Office Address P.O. BOX 172066 Suite, Apt. #, etc.		
City & State TAMPA FL			City & State TAMPA FL		
Zip 33601	Country USA	Zip 33602	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 04/01/1993	
				5. FEI Number 530204696	Applied For <input type="checkbox"/> Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name BISHOP MCKINLEY YOUNG					
Street Address (P.O. Box Number is Not Acceptable) 101 EAST UNION STREET					
Suite, Apt. #, Etc. SUITE 301					
City JACKSONVILLE				State FL	Zip Code 32202
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 				Date 07/09/05	
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	
P/D	BRYANT A. FAYSON	10843 HOFFNER EDGE DRIVE		RIVERVIEW, FL 33569	
D	E. MICHELLE ARMSTRONG	4006 GOLF VILLAGE LOOP #4		LAKELAND, FL 33809	
D	TRACEY J. BRUNSON	12252 DAWN VISTA DRIVE		RIVERVIEW, FL 33569	
D	EVELYN FOSSITT-JONES	6340 S. RENELLIE COURT		TAMPA, FL 33616	
D	BOOKER T. LUNDY	2104 W. BEACH STREET APT. A		TAMPA, FL 33607	
100057417141 07/13/05--01047--005 **358.75					
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: 		President 6-23-05		813-3180816	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E081 (01/05)