

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED

99 JAN 19 AM 11:47

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # **N93000005470**

1. Corporation Name

**THE ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH OF MIAMI, INC.**

Principal Place of Business	Mailing Address
1845 NW 65TH STREET MIAMI FL 33147	1845 NW 65TH STREET MIAMI FL 33147

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.

City & State

Zip Country

**REINSTATEMENT** 98-99

4. Date Incorporated or Qualified To Do Business in Florida

02/06/1956

5. FEI Number  
 59-1358321

Applied For  
 Not Applicable

6. 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
CT	BODISON, JOHN L	%1845 NW 65TH STREET	MIAMI FL 33147
TT	SPARKS, LOUIS	%1845 NW 65TH STREET	MIAMI FL 33147
ST	DIXON, FRED JR	%1845 NW 65TH STREET	MIAMI FL 33147

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 -02708799--01170--015  
 \*\*\*\*306.25 \*\*\*\*306.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STANTON, FRED A 111 LINCOLN ROAD MALL SUITE 500 MIAMI BEACH FL 33139	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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 *Fred Stanton*  
 REGISTERED AGENT MUST SIGN

Date: 12/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(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: *John L. Bodison*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/98 305-691-4212  
 Date Printed

CR2E040 (9/98)