$245.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 95-98
REINSTATEMENT

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

FILED
98 JUL 17 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000008814

1. Corporation Name East Florida Conference, Inc
~~African Methodist Episcopal Church~~

Principal Place of Business / Mailing Address
101 East Union Street Suite 301
Jacksonville, FL 32202

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

REINSTATEMENT 95-98 7/17/98

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

4. Date Incorporated or Qualified To Do Business in Florida: 02/17/94

5. FEI Number: 53-0204696 ☐ 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
P	Cummings, Frank C.	11857 Honey Locust Dr.	Jacksonville FL 32223
D	Shehee, T. E.	1649 Kings Road	Jacksonville FL 32209
D	DeSue, Thomas B.	1690 Ribault Scenic Dr	Jacksonville FL 32208
D	White, Kenneth	60 Beacon Mill Lane	Palm Coast, FL 32189
S	Mitchell, Michael L.	913 West 5th Street	Jacksonville, FL 32209
VP	Blount, James T.	201 East Beaver St.	Jacksonville FL 32202

8. Name and Address of Current Registered Agent

Frank C. Cummings
40 East State Street
Jacksonville, FL 32202

9. Name and Address of New Registered Agent

Name: Thomas B. DeSue
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

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CR2E040 (1/98)

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: Thomas B. DeSue
REGISTERED AGENT MUST SIGN

Date: July 17, 1998

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: Thomas B. DeSue Thomas B. DeSue 7/17/98 (904) 355-8862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #