DI EASE READ	ALL INSTRUC	TIONS BEFORE	COMPLETING	THIS FORM
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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

HLED

99 OCT 28 PM 5: 12

SECRETARY OF STATE FALLAHASSEE, FLORIDA

DOCUMENT # N96000001900

1. Corporation Name

GREATER	PAYNE	DEVEL	OPMENT	AND	ENRICHMENT	CENTE	F
INIC							ĺ

Principal Place of Business

Mailing Address

1230 E. 23RD ST.

1230 E. 23RD ST.

SUITE 101 JACKSONVILLE FL 32206 SUITE 101 JACKSONVILLE FL 32206

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

2. New Pr	rincipal Office Address, If Applicable	3. New Ma	iling Office Add	ress, If Applicable	4. Date Incom To Do Busi	orated or Qualified ness in Florida	04100446	•••
Suite Apt	. #, etc.	Suite, Apt.	#, etc.		5. FEI Numbe	ır	04/09/18	Applied For
City & Sta	ite	City & State	,			59-3379984		Not Applicable
Zip	Country	Zip		Country	6. CERTIFICAT	E OF STATUS DESIRED 🔲		bonal Eco regained life ate 61 Statos
7. Names	s and Street Addresses of Each Officer	and/or Director (F	lorida nonprofit	corporations must list a	t least 3 directors)	າດດດລດລ	940	
Name of Officers and/or Directors		,	Street Address of Each Officer and/or Director		-11/09/99 _{87/} 910425-011 4 ****236.25 ****236.25			
Р	WORMACK, REV. W.L. HANSBERRY, Rev. T. 1	DeMarco	1356 HIGH	PLAINS DR., S		JACKSONMILLE FL:		
٧	DEMPSEY, DONALD		3608 FRAN	WLIN-ST. rth Market S	thoot	JACKSONVILLE FL3	2208 ⁻ 32	202
D	MOORE, ALTAMEASE			VIFIELD RD. #47		JACKSONMILLE FL.S		
s	S WORMACK, STEPHANIE. MCGEE, STEPHANIE		4800 ATLANTIC BLVD. #134		JACKSONVILLE FL 32217 32207			
D	D SLOAN, CATINA			2445 DUNN AVENUE-#505- 919 4144 STREET N.W.		JACKSONNILLE-FL-32218 ROCHESTER, MN 55901		
D	D SPENCER, JOHN			1517 E 21ST ST		JACKSONVILLE FL32206		
	R Name and Address of Curr	ent Panistered As			G. Nome and	Address of New Paglates	red Anent	

-PARKER, AVA-L--003 N: MARKET-ST:

-JACKSONVILLE:PL:32202.

DEMPSEY, DONALD

603 N. MARKET STREET JACKSONVILLE, FL 32202

DEMPSEY. DONALD
Street Address (P.O. Box Number is Not Acceptable) 603 N. MARKET STREET

Suite, Apt. #, Etc.

City JACKSONVILLE

90000303

0. I, being appointed the registered agent of the	e above named corpora	tion, am familiar with and	accept the obligations of Se	ction 607.0505, F.S

Signature of Registered Agent

11. 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 filling 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:

A.S.	ADAMS, CAROLYN	3608 FRANKLIN STREET	JACKSONVILLE, FL 32206
<i>v</i> :	DEMPSEY, 1KE	761 CHESTNUT OAK DRIVE	JACKSONVILLE, FL 32218
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