

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N96000003301

1. Corporation Name

**GREATER LIGHT AFRICAN METHODIST EPISCOPAL ZION
CHURCH, CORPORATION**

Principal Place of Business

Mailing Address

1400 9TH ST S
ST PETERSBURG FL 33701

1400 9TH ST S
ST PETERSBURG FL 33701

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

54

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1996

5. FEI Number

59-3417716

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)

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
1 TRC	JOHNSON, ELIZABETH W	6175 OAK CLUSTER CIR	TAMPA FL
TRS	JONES, LATONJA	3907 LASALLE ST	TAMPA FL
TR	ODUM, MARILYN	2500 AUBURN ST S	ST PETERSBURG FL

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*****236.25 *****236.25

12/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, HARRY
3907 LASALLE ST
TAMPA FL 33607

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

Harry Jones

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-25-98

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:

Latonia N. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LATONJA N. JONES

11/25/98 (813) 272-0653
Date Daytime Phone #