

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N9600005200**

1. Corporation Name

ST. PAUL COMMUNITY EMPOWERMENT CENTER INC.

Principal Place of Business

Mailing Address

3738 WINTON DRIVE

JACKSONVILLE, FL 32208

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

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

City / State / Zip

**Founder/
Chairperson**

John E. Guns M. Div.

1733 Gallahadion Court

Jacksonville Fl 32218

Board

Chairman

Isiah J. Williams III

6172 Petiford Drive West

Jacksonville Fl 32209

Co-

Chairman

Kevin T. Cotton

1601 Dunn Avenue #716

Jacksonville Fl 32218

Secretary Mary Bower

2910 Selawick Lane

Jacksonville Fl 32218

Treasurer Claude Hunter

4338 Trenton Drive South

Jacksonville Fl 32209

Attorney Charles E. Gillette Esq.

603 North Market Street

Jacksonville Fl 32202

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLAUDE HUNTER
4338 TRENTON DRIVE SOUTH
JACKSONVILLE, FL 32209

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc

City

State
FL

Zip Code

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

Claude Hunter

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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)(d), 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:

Isiah J. Williams III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed #

99 MAY 24 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****297.50 ****297.50

REINSTATEMENT

January 28, 1997

5. FEI Number
59-3416251

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRE ☐

**\$8.75 Additional Fee required
for a Certificate of Status**