

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005200**

1. Corporation Name

ST. PAUL COMMUNITY EMPOWERMENT CENTER, INC.

Principal Place of Business

3738 WINTON DRIVE
 JACKSONVILLE FL 32208

Mailing Address

3738 WINTON DRIVE
 JACKSONVILLE FL 32208



REINSTATEMENT 03

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

4. Date Incorporated or Qualified To Do Business in Florida

10/02/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3416251

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City & State
M	GILLETTE, JR, ATTY CHARLES	603 NORTH MARKET ST.	JACKSONVILLE FL 32202
D	TRUITT, WILLIAM	3405 ATLANTIC BLVD.	JACKSONVILLE FL 32205
D	CORLEY, TED	3738 WINTON DR.	JACKSONVILLE FL 32208
S D	BOWER, MARY Franklin Valentine	2010 SELAWICK LANE 8410 Gullege Drive	JACKSONVILLE FL 32218 JACKSONVILLE FL 32219
T	HUNTER, CLAUDE	4338 TRENTON DRIVE SOUTH	JACKSONVILLE FL 32209
S S	HARRIS, DEBORAH	10321 PIEDMONT RD	JACKSONVILLE FL 32218

8. Name and Address of Current Registered Agent

~~HUNTER, CLAUDE~~
 4338 TRENTON DRIVE SOUTH
 JACKSONVILLE FL 32209

9. Name and Address of New Registered Agent

Name Franklin Valentine
 Street Address (P.O. Box Number is Not Acceptable) 8410 Gullege Drive
 Suite, Apt. #, Etc.
 City Jacksonville State FL Zip Code 32219

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. or 617.0505, F.S.

Signature of Registered Agent

Franklin Valentine

Date

REGISTERED AGENT MUST SIGN

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 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: X

Franklin Valentine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)