

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/02/1996**

5. FEI Number

**59-3416251**

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)

1

Name of Officers  
and/or Directors

2

Street Address of Each  
Officer and/or Director

3

10/15/03--01060--010 State #205.25

4

**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**

**BOWER, MARY**

**2010 SELAWICK LANE**

**JACKSONVILLE FL 32218**

**D**

**Franklin Valentine**

**8410 Gullege Drive**

**32219**

**T**

**HUNTER, CLAUDE**

**4338 TRENTON DRIVE SOUTH**

**JACKSONVILLE FL 32209**

**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)