

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 28 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000006916**

1. Corporation Name

**GRANT CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH
INCORPORATED OF OVIEDO**

Principal Place of Business

Mailing Address

387 E. FRANKLIN STREET
OVIEDO FL 32765

P.O. BOX 620957
OVIEDO FL 32762-0957

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1997

5. FEI Number

59-0301366

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HINTON, D. DENYSE	3307 CAMBAY AVENUE	ORLANDO FL 32817
D	BOWERS, CARL	1191 JACKSON STREET	OVIEDO FL 32765
PAS	SIMMS, KELVIN L	P.O. BOX 621871	OVIEDO FL 32762
STE	HAMILTON, BETTY	P.O. BOX 620804	OVIEDO FL 32762
Ste	Smith, Cynthia	525 Doctors Dr	Oviedo, FL FL 32765

8. Name and Address of Current Registered Agent

INGRAM, CLARENCE
613 DOCTOR'S DRIVE
OVIEDO FL 32765

9. Name and Address of New Registered Agent

Name **WILBERT J. BRYANT**
Street Address (P.O. Box Number is Not Acceptable)
380 Daisy Avenue E
Suite, Apt. #, Etc.
City **oviedo** State **FL** Zip Code **32765**

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

Wilbert J. Bryant
REGISTERED AGENT MUST SIGN

Date **10-22-03**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)