

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REINSTATEMENT 01-05

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 13 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000004616**

1. Corporation Name

**Saint Peter's Episcopal Church of Key West,
Florida, Inc.**

2. Principal Office Address

806 Center St
Suite, Apt. #, etc.

3. Mailing Office Address

806 Center St
Suite, Apt. #, etc.

City & State

Key West, Fla

City & State

Key West, Fla

Zip

33040

Country

USA

Zip

33040

Country

USA

500062116485

12/13/05--01036--007 **481.25

2001-2005 **Re**

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-7-98

5. FEI Number

5423 8066

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

7. Name and Address of Current Registered Agent

Name

Marcia S. Somersall

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

623 Petronia St

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Marcia S. Somersall

Date

12/8/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pastor	Leonard Johnson	1224 6th Ave Key West, Fla	Key West, Fla 33040
Deacon	Calvin Allen	715 Elizabeth St Key West, Fla	Key West, Fla 33040
Ward	Sarah Curry	399 Balboa Dr. Key West, Fla	Key West, Fla 33040
Widow	Marcia Somersall	623 Petronia St Key West, Fla	Key West, Fla 33040
Secretary	Shirley Knowles	725 Elizabeth St Key West, Fla	Key West, Fla 33040

10. 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:

Calvin J. Allen
Calvin J. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-05

Date

(305) 246-4087

Daytime Phone #