

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -5 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000453

1. Corporation Name

Saint Paul African Methodist Episcopal Church
of Marathon, Florida

2. Principal Office Address - No P.O. Box #

208 41st Street

Suite, Apt #, etc.

3. Mailing Office Address

P.O. Box 501378

Suite, Apt #, etc.

City & State

Marathon FL

City & State

Marathon FL

Zip

33050

Country

USA

Zip

33050

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

☒ 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

Rev. D. Sinclair Forbes

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

907 Thomas Street

Suite, Apt #, Etc.

City

Key West

State

FL

Zip Code

33040

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

D. Sinclair Forbes

REGISTERED AGENT MUST SIGN

Date 01/04/2010

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
<u>C/D</u>	<u>D. Sinclair Forbes</u>	<u>907 Thomas St.</u>	<u>Key West FL 33040</u>
<u>V/D</u>	<u>Cora Picton</u>	<u>208 41st St</u>	<u>Marathon FL 33050</u>
<u>S/D</u>	<u>Charlotte Robbins</u>	<u>3301 Overseas Hwy</u>	<u>Marathon FL 33050</u>
<u>T</u>	<u>Rose Kitchen</u>	<u>113 Dorsett Dr.</u>	<u>Marathon FL 33050</u>
		<u>116</u>	

10. E-mail Address: forbesse@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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:

D. Sinclair Forbes

D. Sinclair Forbes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/10

Date

404-488-9339

Daytime Phone #