PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Amount Already Paid
5-29-02 - 93589 046 - 61.25

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 22 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/22/03--01061--022 **245.00
05/29/02 93589 046 61.25

DOCUMENT # 741842

1. Corporation Name
Longwood Church of the Nazarene, Longwood, inc.

2. Principal Office Address	**3.** Mailing Office Address
200 N. Wayman St.	200 N. Wayman St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood, FL	City & State: Longwood, FL
Zip: 32750 Country: Seminole	Zip: 32750 Country: Seminole

4. Date Incorporated or Qualified To Do Business in Florida: 2-28-1978

5. FEI Number: 59-1875954 ☐ 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: James Craigo

Street Address (P.O. Box Number is Not Acceptable): 600 Freyer Dr

REINSTATEMENT 02-03 TS

Suite, Apt. #, Etc.:

City: Longood | State: FL | Zip Code: 32750

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: James D Craigo — Date: 3-13/2003
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	Rev. Scott A. King	1140 Hobson St.	Longwood, FL 32750
SD	Lois Craigo	600 Freyer Dr.	Longwood, FL 32750
TD	James Trimble	620 Ivanhoe Way	Casselberry, FL 32707
D	James Craigo	600 Freyer Dr.	Longwood, FL 32750
D	Carolyn Collier	109 Mark David Blvd.	Casselberry, FL 32707

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: Rev. Scott A. King — 3/13/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #