

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 10 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 744094**

1. Corporation Name

Parkway Church of the Nazarene, Inc.

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

162 N. Tyndall Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

3610 W. 17th Street

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32404

Country

USA

Zip

32401

Country

USA

900163501279  
12/10/09--01024--015 \*\*665.00  
**REINSTATEMENT**  
CR2E081 (11/09) 02-09

4. Date Incorporated or Qualified  
To Do Business in Florida

8/29/1978

5. FEI Number  
596543226

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  
Harold Giersch

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

1009 Balboa Ave.

Suite, Apt. #, Etc.

City  
Panama City

State Zip Code  
FL 32401

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 Harold Giersch  
REGISTERED AGENT MUST SIGN

Date 12/6/09

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
D	Harold Giersch	1009 Balboa Ave.	Panama City, FL 32401
D	Dorothy Giersch	1009 Balboa Ave.	Panama City, FL 32401
D	Edyth Calloway	1009 Balboa Ave.	Panama City, FL 32401

10. E-mail Address: firstnazpc@knology.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 Harold Giersch Harold Giersch 12/6/09 850-348-1139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/10/09