

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 L. 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

Date

850-348-1139

Daytime Phone #

12/10/09