PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 DEC -2 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005573

1 Corporation Name
ORLANDO WAY OF THE CROSS CHURCH, INCORPORATED.

Principal Place of Business	Mailing Address
5409 N. EDGEWATER DR ORLANDO FL 32810	2413 MYRNA ST ORLANDO FL 32839

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 12/10/1993

5. FEI Number: 59-3206901 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status.

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D PASTOR	JAMES L. HAYWARD	2413 MYRNA STREET	ORLANDO, FLA. 32839
Admin Asst D	Sibyl Millner	1115 Denton Road	Winter Park, FL 32792
D	ROSIE M. BROWN	4806 Balboa Dr.	ORLANDO, FLA. 32808
D	Valerie Perry	5465 Palm Lake Circle	Orlando Fla 32809
Sec/Treas D	Rita Hayward	2413 Myrna St	Orl FL 32839

8. Name and Address of Current Registered Agent

JAMES L. HAYWARD
2413 MYRNA ST.
ORLANDO, FL 32839

9. Name and Address of New Registered Agent

Name: 000002021540--6
12/06/96 01009 009
****245.00 ****245.00
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (12/95)

10 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: JAMES L. HAYWARD PASTOR — REGISTERED AGENT MUST SIGN — Date: 11/23/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: JAMES L. HAYWARD PASTOR — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11/23/96 — Daytime Phone #: (407) 345-1294