PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF

CORPORATION REINSTATEMENT OF STATE Secretary of State Division of corporations				DIVISION OF CORPORATIONS 37 OCT 31 AM 10: 43	
DOCUMENT # 710689 1. Corporation Name					
Trin	nity United 1	Methodis	+ Church		
OF ORLANDO, INC.				0	B 11/9/01
•	al Office Address - No P.O. Box#	3. Mailing Office Address		REIN	STATEMENT 67
ムリウ Suite, Apt.#	B. E. South St.	2113 E . > 0 Suite, Apt. #, etc.	etc.		CR2E081 (1/07)
			:		porated or Qualified ness in Florida
City & State Crlando FL Orli			ndo, FL 5. FEI Number 593113708		Applied For Not Applied For
Zip 328	Country	32.801	Country	6.	SOF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status
7. Name and Address of Current Registered Agent					
Name B.J. Waded				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you	
Street Address (P.O. Box Number is Not Acceptable)					
1858 Townhall Lane Suite, Apt. #, Etc.				are certifying the prior notices were not received and requesting the reinstatement	
city Orlando FL			State Zip Code FL 32807	fee be waived. 800112387998 11/16/07 - 01055 - 002 - 9951 - 25	
		bove named corperation, an			
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					
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 Directo	rs	Street Address of Each Officer and/or Director		City / State / Zip
С	B. J. Wadeck		1858 Townhall Ln		Orlando, FL 32807
V	Wendy McGowan		2653 Donaldson Dr		Orlando, FL 32812
S	Neva Anderson		3041 Condel Ct		Orlando, FL 32812
D	Victor Rive	era 56	5643 Royal Pine Blud		Orlando, FL 32807
D	Cephus Butler		588 Brantley Terrace Way # 208		Altamonte Springs FL 32714
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 filling 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 contained in Chapter 119, 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:					
SIGNATURE: 19/14/44 X 10/04/44					