PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED FLORIDA DEPARTMENT OF STATE **CORPORATION** 09 APR 14 PM 12: 21 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 721902 1. Corporation Name Cornerstone Church of the Nazarene Inc. 900149765509 04/14/09--01002--019 **183.75 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 4029 Atlantic Blvd. 10310 Lem Turner Road Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida 10/19/1971 City & State City & State Applied For **5.** FEI Number 59-1648935 Jacksonville, FL Jacksonville, FL Not Applicable Country Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required 32207 32218 USA USA for a Certificate of Status 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in Jenkins, Orville W. Jr. circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 6817 Southpoint Parkway are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement 1301 fee be waived. City Zip Code State Jacksonville 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. Registered Agent Date REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip Titles Jacksonville, FL 32216 6817 Southpoint Parkway, #1301 Orville W. Jenkins Jr. Jacksonville, FL 32207 Т 4029 Atlantic Blvd. Mark R. Patrick 4404 Richmond Park Ct. Jacksonville, FL 32224 DS Martha Stephens D 1693 Copperfield Cir. Tallahassee, FL 32323 Dhanarajan Raj Orange Park, FL 32065 DS 3512 Moody Road Stan Wade 3530 N.W. 36th Place Gainesville, FL 32605 D Carol Parker

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:

Mark Patrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2009

904-396-5400

Date

Davtime Phone #