PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 28 PM 12:55

DOCUMENT # **761911**

1. Corporation Name

**THE CHURCH OF SCIENTOLOGY OF ORLANDO, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1830 E COLONIAL<br>ORLANDO FL 32803<br>US | 1830 E COLONIAL<br>ORLANDO FL 32803<br>US |

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

REINSTATEMENT 01

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office 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: 02/04/1982

5. FEI Number: 59-2153243 — ☐ 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---|---|---|---|
| PD | GOODWIN, NANCY S | 1830 ECOLONIAL DRIVE | ORLANDO FL 32803 |
| TD | ~~VONDRACEK, RACHAEL~~<br>GOODWIN, STEVE | ~~3117 S. SEMORAN BLVD., APT. 333~~<br>1830 E COLONIAL DR | ~~ORLANDO FL 32822~~<br>ORLANDO FL 32803 |
| SD | OLSON, RICHARD | ~~1207 EVANGELINE AVENUE~~<br>1830 E COLONIAL DR | ~~ORLANDO FL 32809~~<br>ORLANDO FL 32803 |
| | | | 600004718966--1<br>-12/11/01--01087--013<br>****245.00 ****245.00 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

GOODWIN, NANCY S
1830 E. COLONIAL DRIVE
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

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 _____ Date 11/28/01
REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.

407895 9917

**SIGNATURE:** _____ NANCY S GOODWIN 11/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #