

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 17 PM 3:37

DOCUMENT # 001000003347

1. Corporation Name

Palmetto church of the
Nazarene

2. Principal Office Address

1400 10th St W

Suite, Apt. #, etc.

3. Mailing Office Address

1400 10th St W

Suite, Apt. #, etc.

City & State

Palmetto FL

Zip

34221

Country

USA

City & State

Palmetto FL

Zip

34221

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1953

5. FEI Number

59-1573583

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

Rev. Greg Burgess

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

1214 24th AVE W

Suite, Apt. #, Etc.

City

Palmetto

State

FL

Zip Code

34221

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

Gregory W. Burgess
REGISTERED AGENT MUST SIGN

Date 10/9/06

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	Rev Greg Burgess	1214 24 th AVE W	Palmetto FL 34221
D	Sandy Burgess	1214 24 th AVE W	Palmetto FL 34221
D	HOUSE EDWARDS	6710 Ellenton-Gillette Rd Lot 313	Palmetto FL 34221

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 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 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:

Gregory W. Burgess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/06

Date

9417227870

Daytime Phone #