

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N30089**

**1. Corporation Name**

**THE WESLEYAN CHURCH OF PAOLA, INC.**

**2. Principal Office Address - No P.O. Box #**

**5650 WAYSIDE DR**

Suite, Apt. #, etc.

City & State

**SANFORD**

Zip

**32771**

Country

**USA**

**3. Mailing Office Address**

**5650 WAYSIDE DR**

Suite, Apt. #, etc.

City & State

**SANFORD**

Zip

**32771**

Country

**USA**

**7. Name and Address of Current Registered Agent**

Name

**LYNDA INGELHART**

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

**149 BEDFORD CT.**

Suite, Apt. #, Etc.

City

**SANFORD**

State

**FL**

Zip Code

**32773**

**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

*Lynda Ingelhart*  
REGISTERED AGENT MUST SIGN

Date **6/9/09**

**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
C/D	KENNETH MCLELLAN	201 CITRUS DR.	SANFORD, FL 32771
VC/D	TERRY WATSON	4960 WOODRUFF SPRINGS RD.	SANFORD, FL 32771
T/S/D	LYNDA INGELHART	149 BEDFORD CT.	SANFORD, FL 32773
D	ARTHUR WILSON	435 N. ORANGE AVE.	SANFORD, FL 32771
D	JAMES SEXTON	1975 S. CLARA AVE.	DELAND, FL 32720
		<i>\$76/18</i>	

**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:**

*Lynda Ingelhart*  
LYNDA INGELHART  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/09

Date

407-733-8952

Daytime Phone #

FILED

09 JUN 12 AM 6:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500157101355  
06/12/09--01084--003 \*\*192.50

REINSTATEMENT 07-09

**4. Date Incorporated or Qualified  
To Do Business in Florida** 1/9/89

**5. FEI Number**  
59-2934060

Applied For

Not Applicable

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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.