PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF JIMIL DIVISION OF CORRESPONDING FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State 10 NOV 17 PH 3: 17 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # (134160 First Church of Religious Science idea center for Spiritual Living Orlando 800185014888 MANE 09/02/10 01033 004 192.50 Principal Office Address - No P.O. Box # 3. Mailing Office Address 709 Edapunter Dr CR2E081 (6/10) Date Incorporated or Qualified To Do Business in Florda City & State City & State Applied For 5. FEI Number Not Applicable CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required 7. Name and Address of Current Registered Agent 800185014888 10/08/10--01019--010 **175.00 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Zip Code 32824 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 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip Orlando, Florida 32803 Pelicun lane Orlando, Horida 32810 7521 Lovely Lane Teraldine Invete 1523 Golden Poppey Ct Orlando, Florda 32824 Orlando, Florida 32803 615 Mariposa St. yahoo. Com
(To be used for future annual report notification) 10. E-mail Address: 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRANDY CHABROL

9/2010 (407)601.1169

as if made under oath

SIGNATURE: /