

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 SEP -1 PM 1:50

DOCUMENT # N48540

1. Corporation Name

Bushnell, Florida, Church of the Nazarene, Inc.

1536 N. West St.
P.O. Box 10283

2. Principal Office Address
1536 N. West St.

Suite, Apt. #, etc.

City & State
Bushnell, FL

Zip Country
33513

3. Mailing Office Address
P.O. Box 10283

Suite, Apt. #, etc.

City & State
Brooksville, FL

Zip Country
34603

REINSTATEMENT 01-04

**4. Date Incorporated or Qualified
To Do Business in Florida 1992**

5. FEI Number
59-3123031

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
Larry D. Dennis

Street Address (P.O. Box Number is Not Acceptable)
4720 Cleveland Heights Blvd.

Suite, Apt. #, Etc.

City
Lakeland

State Zip Code
FL 33813

900040731869
09/01/04--01049--005 **420.00

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

REGISTERED AGENT MUST SIGN

Date 08-30-2004

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
P/D	Richard Lupton	1536 N. West St.	Bushnell, FL 33513
D	Larry D. Dennis	4720 Cleveland Heights Blvd	Lakeland, FL 33813
D	Mary E. Egidio	4720 Cleveland Heights Blvd	Lakeland, FL 33813

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/2004 863-644-9331
Date Daytime Phone #

CR2E081 (01/04)