

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N93000005260**

1. Corporation Name

THE ORLANDO CHURCH OF RELIGIOUS SCIENCE, INC.

FILED

59 NOV 29 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1954 HOWELL BRANCH ROAD, SUITE 100, WINTER PARK FL 32792, US
Mailing Address: 1954 HOWELL BRANCH ROAD, SUITE 100, WINTER PARK FL 32792, US



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/22/1993	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3216505	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
S	HODGE, MICHAEL	8136 BRITT DRIVE	ORLANDO FL 32822
D	BISHOP, EVELYN	540 SOUTH MAITLAND AVENUE	MAITLAND FL 32751
D	PARSONS, GERI F	1040 ALLENDALE DRIVE	OMEDO FL 32765
D	MCDANIEL, ROBERT T	2125 B HENDERSON DRIVE	ORLANDO FL 32806
D	TERNUS, BRETT A	3203 CURTIS DRIVE	APOPKA FL 32703
P	DEPALMA, CATHERINE Z.	1329 AMERICAN ELM DRIVE	ALTAMONTE SPRINGS, FL 32714

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
CATHERINE ZOKAN DEPALMA 1329 AMERICAN ELM DRIVE ALTAMONTE SPRINGS FL 32714		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		FL		

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: Catherine Z. DePalma Date: 10/19/99
 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.

SIGNATURE: x Catherine Z. DePalma Date: 10/19/99 Daytime Phone #: (407)673-3030
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/02/99 90006 016 0125

CR2E040 (8/99)



The Orlando Church of Religious Science

1954 Howell Branch Road, Suite 100 • Winter Park, Florida 32792 • 407-673-3030 Fax: 407-673-3081

ATTN: FLORIDA DEPARTMENT OF STATE

WE NEVER RECEIVED THE LETTER OF REJECTION²
AND WHEN WE CALLED WE WERE TOLD TO SUBMIT
THIS NOTICE OF ADMINISTRATIVE DISSOLUTION OF
REVOCATION IN PLACE OF THE ANNUAL REPORT
BECAUSE WE DO NOT HAVE A COPY OF THE
ANNUAL REPORT.

THE FL DEPT OF STATE OFFICE TOLD ME
ON THE PHONE THAT THEY HAD OUR FEES RE-
CORDED AS RECEIVED & PAID IN FULL.

THANK YOU, IF YOU REQUIRE ANY
ADDITIONAL INFORMATION, PLEASE CALL ME
BETWEEN 10am - 5pm Monday - Thursday.

Thanks again,
Glenn Joyce Johnson
administrative assistant
407-673-3030