

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 20 AM 9:11

DOCUMENT # **N93000005260**

1. Corporation Name

**THE ORLANDO CHURCH OF RELIGIOUS SCIENCE, INC.**

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



**REINSTATEMENT**

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If above 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		Country		59-3216505	
				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, and 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	OVEDO 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 100003454781--9 Street Address (P.O. Box Number is Not Acceptable) -11/07/00-01038--027 ****175.00 ****175.00 Suite, Apt. #, Etc. City State FL Zip Code	

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 Zokan Depalma Date 10/16/00  
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: CATHERINE ZOKAN DEPALMA AD  
Catherine Zokan Depalma 10/16/00 (407) 673-3030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2660 (6/00)