

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 JUL 13 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NA7000004424**
1. Corporation Name
UNIVERSITY CHURCH OF THE NAZARENS

Principal Place of Business Mailing Address
69 DIVISION STREET OVIEDO, FL 32765 **P.O. BOX 621281 OVIEDO, FL 32762-1281**

200002950552--4
-08/04/99--01074--002
******297.50 ****297.50**

REINSTATEMENT **98-99**

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 AUGUST 5, 1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-0838084	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	RONALD J. LAFERRIERE	839 BENCHWOOD COURT.	WINTER SPRINGS, FL 32708
T/D	DICK WILSON	1221 CHEETHA TRAIL	WINTER SPRINGS, FL 32708
S/D	LEE SHORT	874 COMMONWEALTH COURT	CASSELBERRY, FL 32707
C/T	MATTHEW TESTON	709 CREEKWATER TERN #213	LAKE MARY, FL 32746
REINSTATEMENT 98-99 TS			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RONALD J. LAFERRIERE 839 BENCHWOOD CT. WINTER SPRINGS, FL 32708		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: **Ronald J. Laferriere** Date: **JUNE 23, 1999**
 REGISTERED AGENT MUST SIGN

1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

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: **Dick Wilson** **DICK WILSON** **June 23, 1999** (407) 977-2244
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20081 (12/98)