

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008489

1. Corporation Name

DEL RIO COMMUNITY FELLOWSHIP CHURCH, INC.

Principal Place of Business

Mailing Address

1204 SW DEL RIO BLVD.  
PT. ST. LUCIE FL 34953

1204 SW DEL RIO BLVD.  
PT. ST. LUCIE FL 34953

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

12/18/2000

5. FEI Number

65-1055958

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BELL, RANDY	1941 SW IDAHO LANE	PT. ST. LUCIE FL 34953
D	BOYD, MIKE	462 DOVER	TEQUESTA FL 33469
D/H	MCCLANAHAN, HAROLD	256 KIMBALL CIRCLE	PT. ST. LUCIE FL 34953
			200024102668 10/27/03--01019--019 **61.25

8. Name and Address of Current Registered Agent

BELL, RANDY  
1941 SW IDAHO LANE  
PT. ST. LUCIE FL 34953

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. or 617.0505, F.S.

Signature of  
Registered Agent

Harold T. McClanahan

REGISTERED AGENT MUST SIGN

Date 10-20-03

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:

Harold T. McClanahan

HAROLD T. MCCLANAHAN

10-20-03

772-340-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLANAHAN

Date

Daytime Phone #

CR2ED40 (7/03)

To Whom It May Concern:

My name is Harold T. McLanahan, (1) ONE OF THE DIRECTORS,  
& ALSO THE TREASURER OF DEL RIO COMMUNITY FELLOWSHIP  
CHURCH. I WISH TO INFORM YOU THAT THIS IS THE FIRST  
LETTER CONCERNING OUR INCORPORATION PAPERS BEING  
NOT FILED. I'M VERY SORRY BUT I DID NOT RECIEVE ANY-  
THING STATING THIS. PLEASE LET ME KNOW (IF NOTHING ELSE  
SEND IT TO MY ADDRESS THAT IS ON THE FORM & BELOW) WHAT  
ELSE I NEED TO DO TO GET MY CHURCH REINSTATED.  
Please find Enclosed Check for, \$61.25 for the filing fee.

Thanking you in  
Advance for your  
Help in this matter

Harold T. McLanahan  
256 S.W. KIMBALL CR.  
PORT ST. LUCIE, FL.  
34953.