

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION OF CORPORATIONS

06 OCT -5 PM 2:07

DOCUMENT # **N92000000188**

**1. Corporation Name**

**McClain Ministries, Inc.**

**2. Principal Office Address**

**1441 S.E. 41<sup>st</sup> Pl.**

Suite, Apt. #, etc.

City & State

**Gainesville, Fl.**

Zip

**32641**

Country

**Alachua**

**3. Mailing Office Address**

**Same**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**05-06**

CR2E081 (12/05)

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

**11/6/92**

**5. FEI Number**

**59-3175932**

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

**McClain, Viola**

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

**1619 N.E. 6<sup>th</sup> Ave.**

Suite, Apt. #, Etc.

**Gainesville,**

City

**Fl.**

State

**FL**

Zip Code

**32641**

**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

**Viola McClain**

Date **10-4-06**

REGISTERED AGENT MUST SIGN

**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
PD	McClain, Viola	1619 N.E. 6 <sup>th</sup> Ave.	Gainesville, Fl. 32641
YSD	Langford, Nealie	1441 S.E. 41 <sup>st</sup> Pl.	Gainesville, Fl. 32641
TD	Washington, Mildred	Box 15059 Gunter Rd.	Sanderson, Fl. 32087

500080493855  
10/05/06--01025--019 \*\*183.75

**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 contained in Chapter 119, 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:**

**Nealie Langford**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-4-06 352-371-1435**  
Date Daytime Phone #

# McClain Ministries



1619 N.E. 6th Avenue  
Gainesville, FL 32641  
(352) 375-7035

Viola McClain, Pastor

Gainesville, FL.  
Oct. 4, 2006

Dear Sirs:

Enclosed is our application for charter renewal, Document No. N92000000188. I called when we realized it had been overlooked these past years, + someone sent me the form in July and said send this amount for 3 years' fee to get it reinstated; and send a letter about why, so I'm sending a check for \$183.75.

Somehow, I didn't get the renewal form in 2004, and thus wasn't aware of need to send renewal fee. And the same in 2005. But it came to me after May 2006 I hadn't sent it in, and I began checking on it. We haven't had much activity these years; but still wanted to carry on. More people are coming now. Please waive the Reinstatement Fee. The reason this was not sent since July was I had to gather the money to send with it.

Thank you for what you can do for us.

Sincerely yours,

Nealie Langford  
Secretary & Vice  
President