

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000644

1. Corporation Name

RAINBOW LAKES UNITED METHODIST CHURCH INC.

Principal Place of Business

19656 SW BEACH BLVD.  
DUNNELLON FL 34431

Mailing Address

19656 SW BEACH BLVD.  
DUNNELLON FL 34431

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/07/1995

5. FEI Number

59-2156231

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
<del>CD</del>	<del>DUSH, LOUISE</del>	<del>20610 SW 33RD LN RD</del>	<del>DUNNELLON FL 34431</del>
CD	GENTRY, ROBERT	3675 S.W. POMPANO	DUNNELLON, FL. 34431
<del>D</del>	<del>MINN, WILK</del>	<del>3675 S.W. POMPANO</del>	<del>DUNNELLON, FL. 34431</del>
D	RICHIE, CALVIN	4280 S.W. DEEPWATER CT.	DUNNELLON, FL. 34431
<del>D</del>	<del>MOWREY, CHARLES</del>	<del>10775 S.W. 186 CIRCLE</del>	<del>DUNNELLON, FL. 34432</del>
D	MOWREY, CHARLES	10775 S.W. 186 CIRCLE	DUNNELLON, FL. 34432
<del>TD</del>	<del>MOWREY, MARGARET</del>	<del>10775 S.W. 186 CIRCLE</del>	<del>DUNNELLON, FL. 34432</del>
TD	MOWREY, MARGARET	10775 S.W. 186 CIRCLE	DUNNELLON, FL. 34432

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

GENTRY, ROBERT

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

3675 S.W. POMPANO

Suite, Apt. #, Etc.

City

DUNNELLON

State

FL

Zip Code

34431

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

*Robert Gentry*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

*Nov. 3, 2002*

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:

*Margaret Mowrey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET MOWREY, TREAS.

Date

Daytime Phone #

*Nov. 3, 2002*

CF2E040 (8/02)

FLORIDA DEPARTMENT OF STATE

11-04-02

Enclosed find reinstatement form.

The original form that was sent back for correction was returned to your office before the deadline. However your office say they never got it.

Our check of 61.25 was cashed by you. Enclosed is a copy of the cancelled check.

I hope this clears everything up and this copy is filled out correctly.

Sincerely,

*Margaret Mowrey, treas.*