

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN 14 PM 1:45

DOCUMENT # **N98000002416**

1. Corporation Name

**CHRIST IS THE ROCK OUTREACH MINISTRY, INC.**

600008843816  
01/14/03--01028--014 \*\*\$1.25

Principal Place of Business

200 GRAY ROAD  
QUINCY FL 32353

Mailing Address

P.O. BOX 991  
QUINCY FL 32353

*Handwritten mark*



**REINSTATEMENT 2002**

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

04/24/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GREEN, WILLIE C	512 SATSUMA AVENUE	QUINCY FL 32401
S	SMITH, REGINA	RT 2 BOX 596	HAVANA FL 32333
D	GREEN, CHRISTINA	RT 7 BOX 1659	QUINCY FL 32351
D	GATES, EUNICE	2003 E. 9TH CT	PANAMA CITY FL 32401
D	BROOKS, FLOZELL	714 E. 13TH ST	PANAMA CITY FL 32401

600008843816  
11/07/02--01005--019 \*\*\$175.00

8. Name and Address of Current Registered Agent

GREEN, WILLIE C  
512 SATSUMA AVENUE  
PANAMA CITY, FL 32401

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

*Willie C Green*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

*Regina Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02

Daytime Phone #

850-539-7483

CR2E040 (8/02)