

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 98 APR -6 AM 8:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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DOCUMENT # 734718

1. Corporation Name

ON THIS ROCK I'LL BUILD MY CHURCH, INC.

Principal Place of Business

Mailing Address

Lois J. Delevoe
 C/O DR. LOIS J. DELEVOE
 1733 SW 5TH ST
 FT. LAUD. FL 33312
 US

C/O DR. LOIS J. DELEVOE
 1733 S. W. 5TH STREET
 FT. LAUDERDALE FL 33312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 15-98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/30/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1767287	
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
PD	DELEVOE, LOIS J.	1733 S.W. 5TH STREET	FT. LAUDERDALE FL
STD	DELEVOE, SAMUEL J.	1733 S.W. 5TH STREET	FT. LAUDERDALE FL
VPD	DELEVOE, PATRICE	1733 S.W. 5TH STREET	FT. LAUDERDALE FL
BD	HARRIS, MELBA	681 N.W. 37TH AVE.	FT. LAUDERDALE FL
			300002483163-- 5 -04/08/98--01106--013 ****420.00 ****420.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DELEVOE, LOIS J.
 1733 S.W. 5TH STREET
 FT. LAUDERDALE FL 33312

Name
Dr. Lois J. Delevoe
 Street Address (P.O. Box Number is Not Acceptable)
1733 S.W. 5th St.
 Suite, Apt. #, Etc.

City
Ft. Laud. Fla. State **FL** Zip Code **33312**

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.

Signature of Registered Agent *Dr. Lois J. Delevoe*
 REGISTERED AGENT MUST SIGN

Date **3/31/98**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Lois J. Delevoe* - Lois J. Delevoe 3/3/98 - 954-524-1582

CR2E040 (5/95)