

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 12:15

DOCUMENT # 734718

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

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

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



REINSTATEMENT

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 checked="" 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	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
D.	Marie Gillins	P.O. Box 52501	Jacksonville, FL
			700003469627-1
			-11/20/00-01017-016
			****245.00 ****245.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DELEVOE, LOIS J DR. 1733 S.W. 5TH STREET FT. LAUDERDALE FL 33312	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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 Lois J. Delevoe Date 10-23-2000

REGISTERED AGENT MUST SIGN

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: Lois J. Delevoe - Lois J. Delevoe Date 10-23-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 954-767-0197

CR2E040 (8/00)