

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB -7 AM 11:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 754693

1. Corporation Name

THE SOLID ROCK BAPTIST CHURCH, INC.
OF SANTA ROSA COUNTY

2. Principal Office Address - No P.O. Box #

6760 EAST GATE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

6760 EAST GATE ROAD

Suite, Apt. #, etc.

City & State

MILTON, FL

City & State

MILTON, FL

Zip

32570

Country

SANTA ROSA

Zip

32570

Country

SANTA ROSA

CR2E081 (11/10)

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

10/17/1980

5. FEI Number

05-0097300

☐ 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

JOHN STEAD SR.

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

6736 EAST GATE ROAD

Suite, Apt. #, Etc.

City

MILTON

State

FL

Zip Code

32570

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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

John Stead Sr.
REGISTERED AGENT MUST SIGN

Date 1-16-2012

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
P	JOHN STEAD SR.	6736 EAST GATE ROAD	MILTON FL 32570
T	JOHN STEAD JR.	5464 PINE RIDGE DR.	MILTON FL 32570
S	JOAN STEAD	5464 PINE RIDGE DR.	MILTON FL 32570
BM	LARRY BARNHILL	7699 LUND ROAD	MILTON FL 32570

REINSTATEMENT

FEB 07 2012

R. HUNT

10. E-mail Address: JOHN.D.STEAD@BELLSOUTH.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

John Stead Sr.

JOHN STEAD SR.

1/16/2012

850-626-0207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #