

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP 21 AM 9:05

DOCUMENT # 767618

1. Corporation Name

United Spiritual Church
Upon the Rock Incorporated

700160890577
09/21/09--01059--005 **245.00

CR2E081 (12/08)

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

2809 NW 7th Ct

3. Mailing Office Address

2809 NW 7th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33312

Country

US

Zip

33312

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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 SNEHL

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

181 VERMONT AVE

Suite, Apt. #, Etc.

City FT. LAUDERDALE

State

FL

Zip Code

33312

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 SNEHL

Date 9-17-09

REGISTERED AGENT MUST SIGN

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 |
|------------|--------------------------------------|---------------------------------------------------|--------------------------|
| <u>D</u> | <u>JOHN SNEHL</u> | <u>181 VERMONT AVE</u> | <u>FT. LAUD FL 33312</u> |
| <u>P</u> | <u>LOUISE SNEHL</u> | <u>181 VERMONT AVE</u> | <u>FT. LAUD FL 33312</u> |
| <u>T/S</u> | <u>LISA HURST</u> | <u>548 WEST MEADOWS CIR</u> | <u>FT. LAUD FL 33312</u> |
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10. 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 contained in Chapter 119, 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: Lisa Hurst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-09 954 791-6666

Date

Daytime Phone #