

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -2 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000002102**

1. Corporation Name

ROCK FOUNDATION, INC.

Principal Place of Business

Mailing Address

9112 S.W. 157TH AVE RD.
MIAMI FL 33196

9112 S.W. 157TH AVE RD.
MIAMI FL 33196

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2002

5. FEI Number

☒ Applied For
☐ Not Applicable

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
PD	RAMKISSOON, OSBORN	9112 S.W. 157TH AVE RD.	MIAMI FL 33196
VD	RAMKISSOON, MICHELLE	9112 S.W. 157TH AVE RD.	MIAMI FL 33196
STD	BENITEZ, NATHALIE	15540 S.W. 80TH ST. #104	MIAMI FL 33193

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMKISSOON, OSBORN
9112 S.W. 157TH AVE RD.
MIAMI FL 33196

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

REGISTERED AGENT MUST SIGN

Date

10/18/03

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:

Nathalie D. Benitez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/03

Date

905274-198

Daytime Phone #

CR2E040 (7/03)

October 18, 2003

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

Please accept our Uniform Business Report. For some reason we did not receive the prior two UBR notices. We are a non-profit corporation and therefore are enclosing the \$61.25 for the annual report fee. Now that I know your schedule, if I don't receive the report form, I can contact you in the future.

Thank you.

Sincerely,



Nathalie D. Benitez
Secretary/Treasurer