

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 20 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO 2000002898*

1. Corporation Name

ROCK OF AGES CRUSADES, INC

2. Principal Office Address

4365 INGRAHAM HWY

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33133

Country

US

3. Mailing Office Address

6002 PEMBROKE PINES

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

33023

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida** 04/19/2002

5. FEI Number
522251124

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04
400036961984
05/20/04--01047--018 **160.00

7. Name and Address of Current Registered Agent

Name

ZACK DEARE

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

4365 INGRAHAM HWY

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33133

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

Date 3/31/04

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
TREAS	SAFEYAH SALEEM	6002 PEMBROKE PINES	MIRAMAR FL 33023
EX DIR	ZACK DEARE	4365 INGRAHAM HWY	MIAMI FL 33133
SEC	OMARI AJAMU	726 E 96 ST	BROOKLYN NY 11236

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZACK DEARE

3/31/04

Date

270 913 2098

Daytime Phone #

CR2081 (01/04)