

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 APR 21 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N97000000 980*

1. Corporation Name

**Solid Rock Missionary Baptist Church**

**REINSTATEMENT** *04-06*

2. Principal Office Address

**19000 SW 112 Ave**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip **33157**

Country **USA**

3. Mailing Office Address

**19000 SW 112 Ave**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip **33157**

Country **USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/27/1997**

5. FEI Number

**650274269**

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

**Pastor Rufus Troup**

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

**14501 Monroe St.**

Suite, Apt. #, Etc.

City

**Miami**

State  
**FL**

Zip Code

**33176**

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

*Rufus Troup*

REGISTERED AGENT MUST SIGN

Date **April 19, 2006**

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
PD	Troup, Rufus	19000 SW 112 Ave	Miami, FL 33157
TD	Troup, Teresa	19000 SW 112 Ave	Miami, FL 33157
T	King, Carroll R.	15001 SW 106 Ave	Miami, FL 33176
T	Francis, Angie	11251 SW 188 Terrace	Miami, FL 33157
T	Carpenter, Kevin	13523 SW 179 Street	Miami, FL 33177
T	Hunter, Carolyn	10101 SW 142 Court	Miami, FL 33186

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:

*Rufus Troup*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2006

Date

(305) 238-9545

Daytime Phone #