

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 18 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000007097

1. Corporation Name

THE SOLID ROCK FOUNDATION OF SOUTH FLORIDA INC.

Principal Place of Business

19000 SW 112 AVENUE
MIAMI FL 33157
US

Mailing Address

19000 SW 112 AVENUE
MIAMI FL 33157
US

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

12/17/1997

5. FEI Number

31-1576475

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TROUP, RUFUS	19000 SW 112 AVENUE	MIAMI FL 33152
D	PICKFORD, BRUCE (delete)	15320 SW 106 AVENUE	MIAMI FL 33157
D	MAYO, DERRICK (Delete)	17035 SW 107 COURT	MIAMI FL 33157
D	Teresa Troup	14501 Monroe Street	Miami FL 33157
D	Kenneth L. Henderson	1507 Argyle Dr. #207	Ft. Landerdale FL 33312
D	Shantel Jones	19663 S.W. 82 ct	Miami, FL 33189

8. Name and Address of Current Registered Agent

REV. RUFUS TROUP
19000 SW 112 AVENUE
MIAMI FL 33157

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Rufus Troup
REGISTERED AGENT MUST SIGN

Date 10-12-01

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:

Rufus Troup
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

2002



APOSTLE RUFUS TROUP
Sr. Pastor / Founder

SUNDAY SERVICE
9:00 A.M. SUNDAY SCHOOL
11:00 A.M. MORNING WORSHIP
7:30 WEDNESDAY BIBLE STUDY

October 12, 2001

To Whom It May Concern:

This letter is in corresponding to the change in the information sheet that we did not receive by mail.

Sincerely,

Pastor Rufus Troup