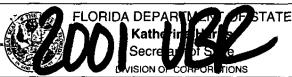
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A DDL IO ATION	FI FI
APPLICATION	
FOR	
REINSTATEMEN	T



N97000007097 DOCUMENT #

1. Corporation Name

THE SOLID ROCK FOUNDATION OF SOUTH FLORIDA INC.

Principal Place of Business

Mailing Address

19000 SW 112 AVENUE **MIAMI FL 33157**

19000 SW 112 AVENUE MIAMI FL 33157

20	01	90107	031	\$70.00

FILED

01 OCT 18 AM 10: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 Date incorporated or Qualified
 To Do Business in Florida 12/17/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 31-1576475 Not Applicable \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director D TROUP, RUFUS 19000 SW 112 AVENUE MIAMI FL 33152 D PICKFORD, BRUCE 15320 SW 106 AVENUE MIAMI FL 33157 MAYO, DERRICK 17035 SW 107 COURT MIAMI FL 33157 leresa Miami D Monroe Street 1507 Argyle Dr. #207 Ft. Landerdak F133312 19663 S.W. 82 Ct Shantel Jones Miami FI. 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name **REV. RUFUS TROUP** Street Address (P.O. Box Number is Not Acceptable) 19000 SW 112 AVENUE Suite, Apt. #, Etc. **MIAMI FL 33157** State 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. Date 10-12-01 Signature of Registered Agent

REGISTERED AGENT MUST SIGN

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 filling 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:

Daytime Phone #

(8/03)



2062

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,

Dastor Rufusthry