PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			07 JUN 26 AM 7:51				
DOCUMENT # 119700007 1. Corporation Name					097			CLLANASSEE, FLORIDA		
The Solid Rock Foundation of South Florida Inc.							REIN	STATEN	MENT04-	
2. Principal Office Address - No P.O. Box # 19000 SW 112th Avenue 19000				SW 112th Avenue			CR2E081 (1/07)			
Suite, Apt. #, etc. Suite, A				#, etc.			4. Date Incorporated or Qualified To Do Business in Florida 12/17/1997			
City & State Miam	i, FL 3	3157	City & State Miami, FL 33157			7	5.1576475 Applied For Not Applicable			
Zip	Country		Zip		US.	Å	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent										
Pastor Rufus Troup Street-Address-ARQ. Box Nurather is Not Acceptable)						The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
Street Address & O. Box Number is Not Acceptable) 19000 SW 12th Avenue Suite, Apt. #, Etc.										
Miami, FL 33157				State Zip Code						
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 REGISTERED AGENT MUST SIGN Date May 31, 2007										
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least										
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PD	Troup, Rufus			19000 SW 112th A			venue	e Miami, FL 33157		
TD	Troup, Teresa			19000 SW 112th Aven			venue	Miami, FL 33157		
7	Henderson, Kenneth L.			1507 Argyle Drive #207			#207	Ft. Lauderdale, FL 33312		
T	Graham, Rodney			2225 NW 170th Terrace			errace	Miami, FL 33056		
T	Anderson, Verbert			25-06 SW 183 Avenue				Miramar, FL 33029		
							200105409102 07/03/0701050014 **245.00			
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 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										
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