

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 AM 10:46

DOCUMENT # **N99000004190**

1. Corporation Name

CAFÉ ON THE ROCK MINISTRIES, INC.

Principal Place of Business

Mailing Address

**1 EAST SILVER SPRINGS BOULEVARD
OCALA FL 34470**

**1 EAST SILVER SPRINGS BOULEVARD
OCALA FL 34475**



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3589320

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

34470

Country

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
PD	MYFORD, LARRY W	5200 S.E. 24TH STREET	OCALA FL 34471
STD	MYFORD, DENISE M	5200 S.E. 24TH STREET	OCALA FL 34471
D P	HICKMAN, LISA	5499 S.E. 44TH AVENUE	OCALA FL 34480
D	WERNER, DAVID J	1136 SE 18TH AVE	OCALA FL 34471
D	LINKOUS, GARY	112 SE 62ND TERRACE	OCALA FL 34472
D	Hickman, Tom	5499 S.E. 44th Ave.	Ocala, Fl. 34480

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MYFORD, LARRY W~~
~~5200 S.E. 24TH STREET~~
~~OCALA FL 34471~~

Name **LISA Hickman**
Street Address (P.O. Box Number is Not Acceptable)
5499 S.E. 44th Ave.
Suite, Apt. #, Etc.
City **Ocala** State **FL** Zip Code **34480**

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

[Signature]
REGISTERED AGENT MUST SIGN

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-10/31/01--01058--003
******236.25 ****236.25**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **Tom Hickman**

10/12/01 352-867-1309

CR2040 (8/01)