

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -6 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000004190**

1. Corporation Name

CAFE 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 34470

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

07/13/1999

5. FEI Number

59-3589320

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	INMAN, SCOTT	1188 NW 124TH STREET	CHTRA FL 32113
D	WERNER, DAVID J	1136 SE 18TH AVE	OCALA FL 34471
D	LINKOUS, GARY	112 SE 62ND TERRACE	OCALA FL 34472
D	PHILLIPS, KATHY G	4220 SE 24TH TERRACE	OCALA FL 34480
D	KERWOOD, MICHELLE	9396 SW 32ND TERRACE #C 1 Poplar Terrace	OCALA FL 34476-34480
D	JAMES, ROBERT	1 E SILVER SPRINGS BLVD	OCALA FL 34470

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~INMAN, SCOTT~~
~~1188 NW 124TH STREET~~
~~CHTRA FL 32113~~

Kathy Phillips ->
4220 SE 24th Terr
Ocala, FL 34480

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. or 617.0505, F.S.

Signature of
Registered Agent

Kathy Phillips
REGISTERED AGENT MUST SIGN

Date

1/4/04

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:

Kathy Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/04 (352) 361-5941

Daytime Phone #

CR2E040 (7/03)