2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000004190

Entity Name: CAFE ON THE ROCK MINISTRIES, INC.

FILED Aug 18, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess.

1 EAST SILVER SPRINGS BOULEVARD 20837 NW 2ND AVENUE OCALA, FL 34470 MIAMI GARDENS, FL 33169

Current Mailing Address: New Mailing Address:

1 EAST SILVER SPRINGS BOULEVARD 20837 NW 2ND AVENUE OCALA, FL 34470 MIAMI GARDENS, FL 33169

FEI Number: 59-3589320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANASCO, REY A LAGUERRE, JEANLUKE 547 MIDWAY TRAK 20835NW 2ND AVENUE OCALA, FL 34472 US MIAMI GARDENS, FL 33169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LAGUERRE JEANLUKE 08/18/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete INMAN, SCOTT J LAGUERRE, JEANLUKE Name: Name: Address: 4179 SW 43RD CIRCLE Address: 20835 NW 2ND AVENUE

City-St-Zip: OCALA, FL 34474 City-St-Zip: MIAMI GARDENS, FL 33169

Title: () Delete Title: (X) Change () Addition

ANASCO, REY A VINCENT, YANITHE L Name: Name: Address: 547 MIDWAY TRAK Address: 20835 NW 2ND AVENUE City-St-Zip: OCALA, FL 34472 City-St-Zip: MIAMI GARDENS, FL 33169

Title: () Delete Title: () Change (X) Addition

Name: SMITH, TREVOR Name: 20835 NW 2ND AVENUE Address: Address: City-St-Zip: City-St-Zip: MIAMI GARDENS, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANLUKE LAGUERRE D 08/18/2009