

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

03 DEC -1 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004539

1. Corporation Name

UPON THIS ROCK MINISTRIES, INC.

Principal Place of Business

5870 S.W. 59TH STREET
MIAMI FL 33143

Mailing Address

PO BOX 431312
SOUTH MIAMI FL 33243-1312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1999

5. FEI Number

65-0936096

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

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	BYNUM, RICKEY	5870 S.W. 59TH STREET	MIAMI FL 33143
TD	BYNUM, CORA	10902 SW 161ST ST	MIAMI FL 33157
S	JOYCE, BLAKEY	5796 SW 59TH ST.	MIAMI FL 33143
TD	WILLIE COAKLEY Delete	3651 WILLIAMS AVE.	MIAMI FL 33143
D	LEE, CARLOS	5870 SW 59TH ST	MIAMI FL 33143
D	CASSON, JUSTIN	200 N. 68TH AVE	HOLLYWOOD FL 33024

8. Name and Address of Current Registered Agent

BYNUM, RICKEY
5870 S.W. 59TH STREET
MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

300024702993

11/14/03 01023 003 **51 25

State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date 11-12-03

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:

Cora Bynum / Cora Bynum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/03

Daytime Phone #

305-254-8664

CR2E040 (7/03)

November 12, 2003

To: Florida Department of State

From: Upon This Rock Ministry

RE: Reinstatement

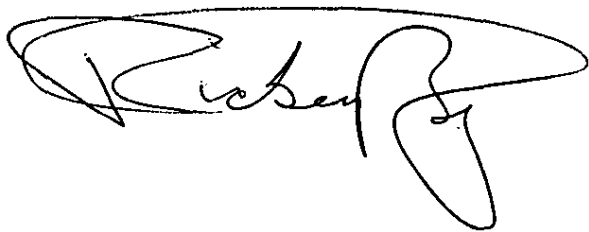
To Whom It May Concern:

I am writing to request that you reinstate our Uniform Business License. I did not receive this notice and by the time I received your letter it stated that the corp. was dissolved.

Please accept our fee of \$61.25 and restore Upon This Rock Ministry to an active status.

Please change the mailing address to 8081 Norris Lake Road, Snellville, GA 30039.

Thank you.

A handwritten signature in black ink, appearing to read "Robert J. [unclear]". The signature is written in a cursive style with a large, looping initial "R".