

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 APR -8 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/10/98--01103--004
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DOCUMENT # P29319

1. Corporation Name

LIVING ROCK FELLOWSHIP

Principal Place of Business

Mailing Address

1000 SHALLOWFORD ST.
ALTAMONTE SPRINGS FL 32701
SAME

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

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

SAME

City & State

City & State

SAME

SAME

Zip

Zip

SAME

SAME

COUNTRY SEMINOLE

COUNTRY SAME

4. Date Incorporated or Qualified To Do Business in Florida

5/14/90

5. FEI Number

41-158386

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	DENNIS R. THEODORSON	1000 SHALLOWFORD ST	ALTAMONTE SPRINGS, FL 32701
V/D	SYLVIA J. THEODORSON	1000 SHALLOWFORD ST.	ALTAMONTE SPRINGS, FL 32701
S/D	MICHELLE M. GREIN	811 COLDWATER DR	CASSELBERRY FL 32707

REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent

DENNIS R. THEODORSON
1000 SHALLOWFORD ST
ALTAMONTE SPRINGS
FL 32701

9. Name and Address of New Registered Agent

Name

SAME

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

SAME

Suite, Apt. #, Etc.

SAME

City

SAME

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.

Signature of Registered Agent

Dennis R. Theodorson
REGISTERED AGENT MUST SIGN

Date

4/5/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information on intangible tax.)

12. 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:

Dennis R. Theodorson

DENNIS R. THEODORSON

4/5/98

407-260-5099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2500 (1/98)