

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 22 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000006692

1. Corporation Name

HOUSE OF GRACE, INC.

700172798147
03/22/10--01055--012 **183.75

CR2E081 (11/09)

08-10

2. Principal Office Address - No P.O. Box # 5041 City Street		3. Mailing Office Address 5041 City Street	
Suite, Apt. #, etc. 1718		Suite, Apt. #, etc. 1718	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32839	Country US	Zip 32839	Country US

4. Date Incorporated or Qualified To Do Business in Florida 7/5/2007	
5. FET Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name TRINA CURRY			
Street Address (P.O. Box Number is Not Acceptable) 5041 City Street			
Suite, Apt. #, Etc. 1718			
City ORLANDO, FL	State FL	Zip Code 32839	

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Trina Curry Date: 3/16/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CURRY, TRINA	5041 City Street	ORLANDO, FL 32839
D	SLEDGE, MARGARET	2230 OKADA CT.	ORLANDO FL 32818
D	SLEDGE, JOSH	2230 OKADA CT.	ORLANDO FL 32818

10. E-mail Address: info@soldout2christ.com
(To be used for future annual report notification)

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. I further certify, 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: Trina Curry Date: 3/16/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #