

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N95000005341**

1. Corporation Name

GRACE PRAISE & WORSHIP CENTER INC.

Principal Place of Business

Mailing Address

930 SOUTHERN BLVD.
 WEST PALM BCH FL 33405
 US

930 SOUTHERN BLVD.
 WEST PALM BCH FL 33405
 US

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

REINSTATEMENT 100

FILED
 00 DEC -6 AM 11: 57
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida **11/13/1995**

5. FEI Number **65-0623919** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RELLFORD, VERNA	1569 W. 21ST ST	WEST PALM BEACH FL 33404
T	CHAMLESS, JOSEPH	969-32ND STREET	WEST PALM BEACH FL 33407
T	ARNETTE, ADRIENE	1804 MIDDLETON WAY	WEST PALM BEACH FL
T	YOUNG, EDDIE SR	824 W 6TH STREET	RIVIERA BCH FL 33404
P	BOWLING, KENNETH L	2708 N AUSTRALIAN AVE	WEST PALM BCH FL

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOWLING, KENNETH R
 930 SOUTHERN BLVD.
 WEST PALM BCH FL 33405

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.

Signature of Registered Agent

Kenneth L. Bowling
 REGISTERED AGENT MUST SIGN

Date **11/4/00**

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.

KE

SIGNATURE:

Kenneth L. Bowling **Kenneth L. Bowling** 10/15/00 (561)802-4277
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #