



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 SEP 20 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000085367

1. Corporation Name

AMAZING GRACE ENTERPRISES, INC.
PO BOX 170822
HIALEAH, FLORIDA 33017

2. Principal Office Address

7012 NW 179TH STREET

Suite, Apt. #, etc.

204

City & State

HIALEAH, FLORIDA

Zip

33015

Country

USA

3. Mailing Office Address

PO BOX 170822

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33017

Country

USA

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

4. Date Incorporated or Qualified To Do Business in Florida

6/01/2004

5. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVISHA N MONTGOMERY

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

7012 NW 179TH STREET

Suite, Apt. #, Etc.

204

City

HIALEAH

State

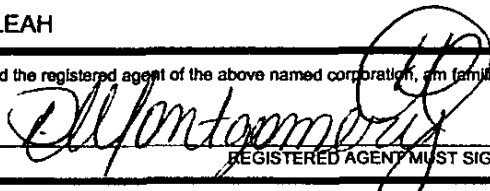
FL

Zip Code

33015

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



REGISTERED AGENT MUST SIGN

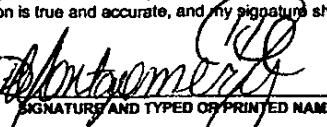
Date 07/13/2005

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	DAVISHA N. MONTGOMERY	7012 NW 179TH STREET, #204	HIALEAH, FLORIDA 33015

10. 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



DAVISHA MONTGOMERY

07/13/2005

786-348-9049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (01/05)