

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46182

1. Corporation Name

GRACE CHRISTIAN WORLD INC.

Principal Place of Business

1728 N.W. 38TH AVENUE
LAUDERHILL FL 33313

Mailing Address

P O BOX 190041
FORT LAUDERDALE FL 33313

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

2. New Principal Office Address, If Applicable

7457 NW 57 ST

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

Zip 33069 Country BROWARD

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/1991

5. FEI Number

65-0303727

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WILLIAMS, STEDROY	5844 NW 21 ST	LAUDERHILL FL 33313
VPD	WILLIAMS, SHERNET	5844 NW 21 ST	LAUDERHILL FL 33313
SD	EUBANKS, VALERIA	2309 NW 8TH CIRCLE	FT. LAUDERDALE FL
TD	CHARLES, HERMAN	2220 NW 60TH AVENUE	SUNRISE FL
T	GOODEN, ROBERT	3419 HARTABURN BLVD.	FT. LAUDERDALE FL
900008699189 10/30/02--01069--001 **245.00			

8. Name and Address of Current Registered Agent

WILLIAMS, SHERNET
7400 NW 37TH ST.
LAUDERHILL FL 33313

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-20-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)