

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

07 FEB 28 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


500096355875
04/10/07--01041--001 **481.25

500096355875
04/10/07--01041--002 **8.75

6/6/02 90083 026 6.125

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000005343

1. Corporation Name

Grace Community Church of West Hernando, Inc.

2. Principal Office Address - No P.O. Box #

13127 Spring Hill Dr.

3. Mailing Office Address

13127 Spring Hill Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

Spring Hill FL

Zip

34609

Country

Zip

34609

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

07/27/2001

5. FEI Number

36-4498180

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

Elizabeth Chichester

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

13127 Spring Hill Dr.

Suite, Apt. #, Etc.

City

Spring Hill FL

State

FL

Zip Code

34609

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.

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

Elizabeth Chichester
REGISTERED AGENT MUST SIGN

Date

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
D/RA	Elizabeth Chichester	3201 Spanish Bayonet Dr.	Hernando Beach, FL 34607
D	Eugene Whitenight	4038 Gulfview Dr.	Spring Hill FL 34608
C/D	Dorothy Rupe	18504 Water Lily Lane	Hudson, FL 34667
D/T	Julia Jackson	3461 Crape Myrtle	Hernando Beach, FL 34607
D	Wanda Berget	12243 Pitcarin St.	Brooksville, FL 34613

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 contained in Chapter 119, 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:

Elizabeth Chichester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07
Date

352-428-5434
Daytime Phone #