

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 NOV 20 PM 3: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000085367

1. Corporation Name

AMAZING GRACE ENTERPRIZES, INC

2. Principal Office Address - No P.O. Box #  
18880 NW 57 AVE

3. Mailing Office Address  
PO BOX 170822

Suite, Apt. #, etc.  
101

Suite, Apt. #, etc.

City & State  
HIALEAH

City & State  
HIALEAH

Zip  
33017

Country  
MIAMI-DADE

Zip  
33017-0822

Country  
MIAMI-DADE

**REINSTATEMENT 06-07**

CR2E08T (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/2006

5. FEI Number  
77-0636993

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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)  
18880 NW 57 AVE

Suite, Apt. #, Etc.  
101

City  
HIALEAH

State  
FL

Zip Code  
33015

☒ 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

*DAVISHA N MONTGOMERY*  
REGISTERED AGENT MUST SIGN

Date 10/29/07

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
PRES	DAVISHA N MONTGOMERY	18880 NW 57 AVE	HIALEAH, FL 33015
	<i>11/26</i>		
			100111554381 10/31/07--01047--007 **212.25
			100111554381 11/28/07--01007--001 **96.50

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:

*DAVISHA N MONTGOMERY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/07

Date

Daytime Phone #