

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 415538

1. Corporation Name

Grace Steam Service, Inc.

2. Principal Office Address

3780 C.R. 210 W. Same

Suite, Apt. #, etc.

City & State

JAX FLA

Zip

32259

Country

Doral

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JAX FLA

Zip

32259

Country

Doral

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-28-1972

5. FEI Number

691056853

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ **12**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dolores W. Grace

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

3780 C.R. 210 W.

Suite, Apt. #, Etc.

City

Jax. Fla.

State

FL

Zip Code

32259

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**

Dolores W. Grace

Date

12-8-03

REGISTERED AGENT MUST SIGN

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
owner	E.D. Grace	3780 C.R. 210 W.	Jax. Fla 32259
pres.	Dolores W. Grace	3780 C.R. 210 W.	Jax. Fla 32259
vp	E. Daniel Grace III	110 N. Benham Trail San Mateo, Ala	32187

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:

Dolores W. Grace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/03

Date

Daytime Phone #

CR2E081 (10/02)