

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 30 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 781449

1. Corporation Name

GRACE PRESBYTERIAN CHURCH, INC.

2. Principal Office Address

10991 58TH STREET NORTH

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FLORIDA

Zip

Country

33782-2637

USA

3. Mailing Office Address

10991 58TH STREET NORTH

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FLORIDA

Zip

Country

33782-2647

USA

REINSTATEMENT 78-03

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

09/23/1060

5. FEI Number

592468444

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

ROBERT N. BURRIDGE, JR.

300021936933

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

0730703--01024--004 ***42.50

10991 58TH STREET NORTH

Suite, Apt. #, Etc.

City

PINELLAS PARK

State

FL

Zip Code

33782-2647

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

Robert N. Burrige, Jr.
REGISTERED AGENT MUST SIGN

Date 7/24/03

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/P	THOMAS K. BROWN	10999-74TH AVENUE NORTH	SEMINOLE, FLORIDA 33772
D	KURT BOENKER	7001-142ND AVENUE NORTH #338	LARGO, FLORIDA 33771-4767
D	WILLIAM JOHNSON	11147 57TH AVENUE NORTH	SEMINOLE, FLORIDA 33772
VP	THOMAS K. BROWN, JR.	11018 FREEDOM WAY	SEMINOLE, FLORIDA 33772

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:

Thomas Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS K. BROWN

7/24/03

Date

727-544-8252

Daytime Phone #

PRESIDENT

CR2E081 (10/02)

7/30