

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 FEB 20 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703099

1. Corporation Name

Grace Christian Reformed Church of Indian Harbour Beach, Inc.

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

1202 Banana River Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indian Harbour Beach, FL

City & State

Zip

32937

Country

Brevard

Zip

Country

600222477656
02/20/12--01046--008 **420.00

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 10/21/1974

5. FEI Number

592365263

☐ 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

William D. Kabboard III

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

45 Dorset Lane

Suite, Apt. #, Etc.

City

Satellite Beach

State

FL

Zip Code

32937

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

Date

2/09/12

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
PD	William D. Kabboard III	45 Dorset Lane	Satellite Beach, FL 32937
VPD	Audrey Optholt	3071 Purple Martin Lane	Indialantic, FL 32903
VPD	Kenneth S McMennemy	239 NE First Court	Satellite Beach, FL 32937

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/09/12

Daytime Phone #