PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB -6 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/24/06--01017--006 **1277.50

CR2E081 (12/05)

DOCUMENT # 719572

1. Corporation Name:
Grace Baptist Church of Middleburg, Inc.

2. Principal Office Address		3. Mailing Office Address	
4595 Peppergrass St.		4595 Peppergrass St.	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State: Middleburg		City & State: Middleburg	
Zip: 32068	Country: USA	Zip: 32068	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/23/1970

5. FEI Number: 000000000 ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ SEE FS Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Helen Weinberg
Street Address (P.O. Box Number is Not Acceptable): 4595 Peppergrass St.
Suite, Apt #, Etc.
City: Middleburg State: FL Zip Code: 32068

REINSTATEMENT 1989-2006

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: Helen Weinberg
REGISTERED AGENT MUST SIGN
Date: 2/2/06

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
P	Helen Weinberg	4595 Peppergrass St.	Middlburg, FL 32068

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: Helen Weinberg 2/2/06 904-626-9578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #