

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB 14 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **737137**

1. Corporation Name

GRACE CHAPEL MINISTRIES, INC.

2. Principal Office Address

2741 130th Terrace

Suite, Apt. #, etc.

City & State

Wellborn, Florida

Zip

32094

Country

Suwannee

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/76

**SP**

5. FEI Number

59-3098734

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

Roger Lovelady

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

2741 130th Terrace

Suite, Apt. #, Etc.

City

Wellborn

State

FL

Zip Code

32094

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 February 13 2001

REGISTERED AGENT MUST SIGN

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/D	Naomi Courson	2603 Bucknell Drive	Valrico, FL 33594
S/T/D	Roger Lovelady	2741 130th Terrace	Wellborn, FL 32094
V/D	Bruce Williams	2362 Banchory Road	Winter Park, FL 32792

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Lovelady

2/13/2001

Date

904-963-5872

Daytime Phone #

CR2E001 (9/00)