

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 JUN 22 AM 10:49

DOCUMENT # 741019

1 Corporation Name
Church of Grace Inc.

2 Principal Office Address - No P.O. Box #
7076 SE 110th St. Rd
Suite, Apt. #, etc.

City & State
Belleview, FLA
zip Country
34420 U.S.

3 Mailing Office Address
P.O. Box 1112
Suite, Apt. #, etc.

City & State
Belleview, FLA
zip Country
34421 U.S.

400346751044
06/22/20--01008--005 **481.25

CR2E081 (11/10)

4 Date Incorporated or Qualified
To Do Business in Florida

5 FET Number Applied For
Not Applicable

6 CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**
C. GOLDEN

7 Name and Address of Current Registered Agent

Name
Lamar McCullough
Street Address (P.O. Box Number is Not Acceptable)
6946 SE 135th St.
Suite, Apt. #, etc.
City State zip Code
Summerfield FL 34491

JUN 23 2020

REINSTATEMENT
2018-2020

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 Rev Lamar McCullough Date June 16, 2020
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
P	Lamar McCullough	6946 SE 135th St.	Summerfield, FL 34491
V	Danny McCullough	6942 SE 135th St.	Summerfield, FL 34491
S	Danny McCullough II	14820 SE 100th Terr.	Summerfield, FL 34491
T	Les Holiday	12730 SE 78th Terr.	Belleview, FL 34420
D	Bob Waite	5401 E Silver Springs Blvd Lot 27	Ocala, FL 34488

10 E-mail Address: ChurchofGraceC25@aol.com
(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: Pastor Danny McCullough June 16, 2020 (352) 470-1672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #