PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -6 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/06/02--01113--006 **236.25

REINSTATEMENT 02

DOCUMENT # 770373

1. Corporation Name

GRACE LUTHERAN CHURCH OF FORT MYERS SHORES, FORT MYERS, FLORIDA, INC.

Principal Place of Business	Mailing Address
14531 OLD OLGA ROAD FORT MYERS FL 33905 US	14531 OLD OLGA ROAD FORT MYERS FL 33905 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/23/1983

5. FEI Number: 59-2370291 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P D	NYSTROM, PAUL	41 DAWN FLOWER CIRCLE	LEHIGH ACRES FL 33905
VP D	MCWILLIAMS, R.L.	13855 SLEEPY HOLLOW	FORT MYERS FL 33095
S	KUHN, MARLENE	2956 RENEE COURT	FORT MYERS FL 33905
TR	WASSERSTRASS, IRWIN	21 CRESTWOOD CIRCLE S	LEHIGH ACRES FL 33936
TR	KEETON, GERALD	2131 ST. CROIX	FORT MYERS FL 33905
P/D	HARDER, THOMAS	2101 ST. CROIX	FT MYERS FL 33905

8. Name and Address of Current Registered Agent

NYSTROM, PAUL
41 DAWN FLOWER CIRCLE
LEHIGH ACRES FL 33936

9. Name and Address of New Registered Agent

Name: Thomas J.C. HARDER
Street Address (P.O. Box Number is Not Acceptable): 2101 ST. CROIX Ave
Suite, Apt. #, Etc.:
City: FORT Myers State: FL Zip Code: 33905

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Thomas J.C. Harder SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 10/26/02

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., 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: Irwin Wasserstrass SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/3/02

Daytime Phone #