

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 27 PM 5:22

DOCUMENT #

F 46381

1. Corporation Name

GRACE ANN INC.

400004717524--1
-12/10/01--01112--025
***1508.75 ***1508.75

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4015 N. Lockwood Ridge Rd.

City & State
SARASOTA FL.

City & State

Zip

Country

Zip

Country

34234

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

9-28-81

5. FEI Number

59-212-9763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 16-01

7. Name and Address of Current Registered Agent

Name

ROBERT E. LAUBACH

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

4015 N. Lockwood Ridge Rd.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34234

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

Robert E. Laubach

Date 11/26/01

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

PRES. Robert E. Laubach

2482 W. Paulstan Ct.

SARASOTA, FL. 34237

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 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:

Robert E. Laubach

ROBERT E. LAUBACH

11/26/01

941-362-3668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #