

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
TALLAHASSEE, FLORIDA

01 AUG 17 AM 9:59

DOCUMENT # F93000001388

1. Corporation Name

GRACETON LTD., INC.

000004562710--6
-08/29/01--01094--008
****900.00 ****900.00

2. Principal Office Address

2920 SW 22nd CIRCLE

3. Mailing Office Address

2920 SW 22nd CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

19E1

19E1

City & State

City & State

DELRAY BEACH, FL

DELRAY BEACH, FL

Zip

Country

Zip

Country

33445

USA

33445

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/19/93

5. FEI Number

65-0393326

Applicable

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

CLIFFORD W SCHMITT

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

2920 SW 22nd CIRCLE

Suite, Apt. #, Etc.

19E1

City

DELRAY BEACH,

State
FL

Zip Code

33445

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6-15-01

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	HINTON, NIGEL	1225 SOUTH OCEAN BLVD	DELRAY BEACH, FL 33481
GS	WORTHINGTON, SU	1225 SOUTH OCEAN BLVD	DELRAY BEACH, FL 33481

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:

[Signature]

NIGEL HINTON, PRESIDENT 5/10/01 (561) 266-0873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #