

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JUN 27 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200130725232

06/04/08--01015--018 **1500.00
CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000003307**

1. Corporation Name

Grace Management, Inc.

2. Principal Office Address - No P.O. Box #

6225 42nd Ave N

Suite, Apt. #, etc.

City & State

Minneapolis MN

Zip

55422

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified Last Date active 2003
To Do Business in Florida 6/1/2008 (reinstate)

5. FEI Number

76-0117314

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Amanda Roath

Amanda Roath
As its agent

REGISTERED AGENT MUST SIGN

Date **06-26-08**

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	Eugene W. Grace	1319 Waterford Drive	Golden Valley MN 55422
VP	Mari Jo Grace	1319 Waterford Drive	Golden Valley MN 55422
Sec/T	Jody M. Boedigheimer	4135 Xene Lane N	Plymouth MN 55446

REINSTATEMENT **04-08**

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 contained in Chapter 119, 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:

Jody Boedigheimer

Jody Boedigheimer

5-23-08

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR