

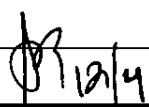



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: left;">CORPORATION REINSTATEMENT</div><div style="text-align: center;"></div><div style="text-align: right;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		FILED 06 NOV 30 PM 3: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA <div style="text-align: right; font-size: 1.2em;">00-06</div> CR2E081 (12/05)	
DOCUMENT # F98000006080 <small>1. Corporation Name</small> Grace Mission, Inc.			
<small>2. Principal Office Address</small> 246 A		<small>3. Mailing Office Address</small> PO Box 211025	
<small>Suite, Apt. #, etc.</small> Royal Palm Beach Blvd.		<small>Suite, Apt. #, etc.</small>	
<small>City & State</small> Royal Palm Beach		<small>City & State</small> Royal Palm Beach, FL	
<small>Zip</small> 33411	<small>Country</small> USA	<small>Zip</small> 33421	<small>Country</small> USA
<small>4. Date Incorporated or Qualified To Do Business in Florida</small> 11/02/1998		<small>5. FEI Number</small> 58-1310122	
<small>6. CERTIFICATE OF STATUS DESIRED</small> <input checked="" type="checkbox"/>		<small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent			
<small>Name</small> George Callister			
<small>Street Address (R.O. Box Number is Not Acceptable)</small> 9812 Galleon Drive			
<small>Suite, Apt. #, Etc.</small>			
<small>City</small> West Palm Beach		<small>State</small> FL	<small>Zip Code</small> 33411
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.			
<small>Signature of Registered Agent</small> 		<small>Date</small> 11/20/06	
<small>REGISTERED AGENT MUST SIGN</small>			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
Pres	Randy Rudy	64 Marlyn Drive	Elkton, MD 21921
VP	Byron Lee	4260 Sandy Creek Rd.	Madison, GA 30650
Sec	Robert Martsof	483 Seventh Street	Sharpsville, PA 16150
Trea	David Funk	21622 Orwig Rd.	Freeland, MD 21053
Vice Trea	Robert Good	52 Eagle Street	Greenville, PA 16125
<div style="text-align: center;"> 11/20/06</div>			
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: 		Robert Good	11/20/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small> 724-588-7961