

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 OCT 17 PM 6:04

DOCUMENT # **N00000001594**

1. Corporation Name

**PROJECT GRACE, INC.**

Principal Place of Business

Mailing Address

1311 N. WESTSHORE BLVD.  
 SUITE 107  
 TAMPA FL 33607

1311 N. WESTSHORE BLVD.  
 SUITE 107  
 TAMPA FL 33607



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

**REINSTATEMENT**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable |  | 3. New Mailing Office Address, If Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida                                    |  |
| Suite, Apt. #, etc. <i>N/A</i>                 |  | Suite, Apt. #, etc. <i>N/A</i>               |  | 03/06/2000   |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number  |  |
|  |  |  |  | 31-1699259   |  |
| Zip  |  | Country                                      |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                                      |  |
|  |  |  |  | <input checked="" type="checkbox"/> \$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)

| 1 Title(s)   | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|--------------|-------------------------------------|--|----------------------|
| Pres. (D)    | Lofty L. Basta MD                   | 1180 Golf Blvd # 2101 Clearwater, FL 33767       |                      |
| V. Pres. (D) | Henry McIntosh MD                   | PO Box 1788                                      | Lakeland, FL 33802   |
| Sec. (D)     | Marty Ratliff                       | 1311 N. Westshore Blvd Ste 107                   | Tampa, FL 33607      |
| Treas.       | Marty Ratliff                       |  |                      |

400004661234--3  
 10/31/01 01058-008  
 \*\*\*236.25 \*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RATLIFF, MARTY  
 1311 N. WESTSHORE BLVD.  
 SUITE 107  
 TAMPA FL 33607

Name *N/A*  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip *AD*

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.

Signature of Registered Agent

*Marty Ratliff* REGISTERED AGENT MUST SIGN Date *10-15-1*

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)(l), 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:

*Marty Ratliff* (Marty Ratliff) 10-15-1 813-271-2324  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)