

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01000002163

1. Corporation Name

GRACE IN ACTION MISSION, INC.

Principal Place of Business

9709 FOX HOLLOW ROAD  
TAMPA FL 33647-1831

Mailing Address

9709 FOX HOLLOW ROAD  
TAMPA FL 33647-1831

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

2. New Principal Office Address, If Applicable <i>25436 Geddy Drive</i>	3. New Mailing Office Address, If Applicable <i>25436 Geddy Drive</i>	4. Date Incorporated or Qualified To Do Business in Florida <i>03/28/2001</i>
Suite, Lot, #, etc. <i></i>	Suite, Apt. #, etc. <i></i>	5. FEI Number <i>65-1093256</i>
City & State <i>Land O'Lakes, FL</i>	City & State <i>Land O'Lakes, FL</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <i>34639-5669</i>	Zip <i>34639-5669</i>	6. CERTIFICATE OF STATUS DESIRED <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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BYNZAR, VASILY	9709 FOX HOLLOW ROAD <i>25436 Geddy Drive</i>	TAMPA FL 33647 <i>Land O'Lakes, FL 34639-5669</i>
D	BYNZAR, OLEG	9709 FOX HOLLOW ROAD <i>25436 Geddy Drive</i>	TAMPA FL 33647 <i>Land O'Lakes, FL 34639-5669</i>
D	PETRILA, LUCICA	1310 JOHNSON STREET	HOLLYWOOD FL 33019
D	MCKENZIE, KERRY A. SR.	110 WEST ALVA STREET	TAMPA FL 33603-3614
D	THOMAS-MCKENZIE, TIFFANY	12108 N. 56TH STREET, SUITE 4	TAMPA FL 33617
D	HORTON, DENNIS	19801 CHANDON DRIVE <i>905 Hollyshore Drive</i>	ODESSA FL 33550 <i>Lutz, FL 33548-5029</i>

8. Name and Address of Current Registered Agent

MCKENZIE, KERRY A. SR.  
110 WEST ALVA STREET  
TAMPA FL 33603-3614

9. Name and Address of New Registered Agent

Name <i></i>	
Street Address (P.O. Box Number is Not Acceptable) <i>8000 N. 49TH ST 18</i>	
Suite, Apt. #, Etc. <i>11/24/03-01020-019</i>	CR26040 (7/03) <i>**245.00</i>
City <i></i>	State <i>FL</i>
	Zip Code <i></i>

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Kerry A. McKenzi*  
REGISTERED AGENT MUST SIGN

Date *November 16, 2003*

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)(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:

*Glenda E. Hood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/03

Date

Daytime Phone #

## **Other directors for Grace In Action Mission**

**Valeriy Bulgaru**

1801 Quails Nest Dr # 301 Brandon FL 33510

**Nikolay Zavatskiy**

12503 Vision Way, Riverview FL 33569

**Aleksandr N Shtefan**

8400 49<sup>th</sup> St N # 910, Pinellas Park FL 33781