

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 29 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000002825

1. Corporation Name

GRACE APOSTOLIC CHURCH OF  
JESUS CHRIST INC.

2. Principal Office Address

124 NW 5th Street

Suite, Apt. #, etc.

City & State

BELLE GLADE, FL

Zip

33430

Country

USA

3. Mailing Office Address

P.O. 15551

Suite, Apt. #, etc.

City & State

WEST PALM BCH, FL

Zip

33416

Country

USA

**REINSTATEMENT 02-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

4/19/2001

5. FEI Number

65-1099576

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

AUBIN WADE ROBINSON, ATTORNEY

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

505 ROYAL PALM BCH. BLVD

Suite, Apt. #, Etc.

City

ROYAL PALM BCH

State

FL

Zip Code

33411

200043050312  
11/29/04-01078-021 \*\*367.50

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

REGISTERED AGENT MUST SIGN

Date

11/18/2004

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
DP	TREVOR ELLIS	11650 OLEANDER DR	ROYAL PALM BCH, FL 33411
D	ESTHER ELLIS	11650 OLEANDER DR	ROYAL PALM BCH, FL 33411
O	ROOGS MAY WINT	1675 NW 11 ST	BELLE GLADE, FL 33430
OS	VIVIENE SMITH	205 SW 7th AVE	SOUTH BAY, FL 33493
OV	WINSOME MYRIE	541 SE AVE F	BELLE GLADE, FL 33430
DT	CLAIRE CAMPBELL	1149 NW 11th ST	BELLE GLADE, FL 33430

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.

861-333-7396

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-18-04

Daytime Phone #