

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR -3 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002825

1. Corporation Name

GRACE APOSTOLIC CHURCH OF
JESUS CHRIST INC.

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

124 NW. 5th ST.

Suite, Apt. #, etc.

3. Mailing Office Address

13178 BRYAN RD

Suite, Apt. #, etc.

City & State

BELLE GLADE

City & State

LOXAHATCHEE

Zip

33430

Country

Zip

33470

Country

U.S.

7. Name and Address of Current Registered Agent

Name

AUBIN WADE ROBINSON, ESQ.

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

505 ROYAL PALM BEACH BLVD

Suite, Apt. #, Etc.

ROYAL PALM BEACH

City

ROYAL PALM BEACH

State

FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/18/09

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
PD	TREVOR ELLIS	13178 BRYAN RD	LOXAHATCHEE, FL 33470
D	ESTHER ELLIS	13178 BRYAN RD	LOXAHATCHEE, FL 33470
D	ROOGS MAY WINT	1675 NW 11th ST.	BELLE GLADE, FL 33430
SD	VIVIENE SMITH	205 SW 7th AVE	SO. BAY, FL 33493
VD	WINSOME MYRIE	541 SE AVE F	BELLE GLADE, FL 33430
TD	CLAIRE CAMPBELL	1149 NW 11 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 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:

Trevor Ellis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/18/09

Daytime Phone #

561-333-7396

3/4a