

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 DEC -8 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N02000003052**

1. Corporation Name

**MY GRACE MINISTRIES INC.**

Principal Place of Business

Mailing Address

P.O. BOX 4483  
OCALA FL 34478

P.O. BOX 4483  
OCALA FL 34478

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/25/2002

5. FEI Number

Applied For

04-3646141

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
P	VAZQUEZ, RICHARD	2600 SW 10 ST., STE. 1405	OCALA FL 34474
V	PRYOR, MICHAEL	2433 NE 19TH CT.	OCALA FL 34470
T/S	VAZQUEZ, EVELYN	2600 SW 10 ST., STE. 1405	OCALA FL 34474
S	PEPPLER, PAULA	11657 SE HWY 301	BELLEVIEW FL 34420

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VAZQUEZ, RICHARD  
2600 SW 10 ST., APT. 1405  
OCALA FL 34474

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

12/3/03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/03/03 (352)  
361-8311

Daytime Phone #

CR2E040 (7/03)