PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 142

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 16 PM 2:24

DOCUMENT # N02000004696

1. Corporation Name
House of Grace of Bay County Inc.

400068884084
03/01/06--01008--015 **61.25

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
11636 SW. 37TH Drive	P.O. Box 311
Suite, Apt. #, etc.: Lot 46	Suite, Apt. #, etc.
City & State: Worthington Springs Fla	City & State: Worthington Springs FLA
Zip: 32697 Country: USA	Zip: 32697 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: June 12, 2002

5. FEI Number: 52-2374027 ☐ 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: Robert Smith REINSTATEMENT 05

Street Address (P.O. Box Number is Not Acceptable): 11636 SW. 37TH Drive

Suite, Apt. #, Etc.: Lot 46

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City: Worthington Springs State: FL Zip Code: 32697

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: Robert W. Smith SR. Date: 10-31-05
REGISTERED AGENT MUST SIGN

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
Pic.	Robert Smith	P.O. Box 311	Worthington Springs Florida 32697
Treasur	Betty G. Smith	P.O. Box 311	Worthington Springs Florida 32697
Sec	Percy Thomas JR	1107 Alabama Ave	Lynn Haven Florida 32444

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.

SIGNATURE: Robert W. Smith SR. 10-31-05 386-496-3813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Williams FEB 16 2006

To Whom it may Concern;

Will you please waive the activation or reinstatement fee, Because the post office sent my mail back to you, and I never recieved your notice.

Thank You
God Bless

Robert Smith

Please forgive me if this is way late I do want to keep the 501(c)3 alive, But funds have been very slow, also I have had problems with my mail
I did not recieve the Uniform business reports/ corporate annual report was not recieved for 2005