

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1003000005102

1. Corporation Name

Grant Road Church of Christ, Inc.

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

4 Grant Road

Suite, Apt. #, etc.

3. Mailing Office Address

2325 Lilly St

Suite, Apt. #, etc.

City & State

Lake Wales FL

Zip

33898

Country

USA

City & State

Lake Wales FL

Zip

33898

Country

USA

7. Name and Address of Current Registered Agent

Name

Tommy Hawthorne SR

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

1231 Bryn Mawr

Suite, Apt. #, Etc.

City

Lake Wales

State

FL

Zip Code

33898

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

Tommy Hawthorne SR

REGISTERED AGENT MUST SIGN

Date

1/4/2010

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
D/P	Tommy Hawthorne SR	1231 Bryn Mawr	Lake Wales FL 33898
D/T	James A. Frazier	434 Coral Shores	Lake Wales FL 33853
D	James D. Frazier	43329 Osceola Ave.	Lake Wales FL 33853
S	Vanessa Hawthorne	2325 Lilly St	Lake Wales, FL 33898
S	Dianne DeLoach	Enie St.	Lake Wales, FL 33898

10. E-mail Address: tommyhawthorne24@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

Tommy Hawthorne SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/2010

Daytime Phone #

FILED

2010 FEB -5 PM 12:58

ALLAHASSEE, FLORIDA

000165131450
02/05/10--01027--004 **\$2.00

000165131450
01/07/10--01037--009 **\$42.50

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

2000

5. FEI Number

27-1644200

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

B. Mitchell FEB 5 2010