

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 MAR 22 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N07000006692

1. Corporation Name

HOUSE OF GRACE, INC.

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

5041 City Street

Suite, Apt. #, etc.

1718

City & State

Orlando, FL

Zip

32839

Country

US

3. Mailing Office Address

5041 City Street

Suite, Apt. #, etc.

1718

City & State

Orlando, FL

Zip

32839

Country

US

700172798147

03/22/10--01055--012 \*\*183.75

CR2E081 (11/09)

08-10

4. Date Incorporated or Qualified  
To Do Business in Florida 7/5/2007

5. FEI Number

☒ 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

TRINA CURRY

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

5041 City Street

Suite, Apt. #, Etc.

1718

City

ORLANDO, FL 32839

State

FL

Zip Code

32853

☒ 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.

**REINSTATEMENT**

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

*Trina Curry*

REGISTERED AGENT MUST SIGN

Date 3/16/10

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
P	CURRY, TRINA	5041 City Street	ORLANDO, FL 32839
D	SLEDGE, MARGARET	2230 OKADA CT.	ORLANDO FL 32818
D	SLEDGE, JOSH	2230 OKADA CT.	ORLANDO FL 32818

10. E-mail Address: info@soldout2christ.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:

*Trina Curry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/10

Daytime Phone #