

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY 11 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19241

1. Corporation Name

GRACE OUTREACH: DOWNTOWN, INC.

Principal Place of Business

Mailing Address

5545 62ND AVE., NORTH
PINELLAS PARK FL 34665

5545 62ND AVE., NORTH
PINELLAS PARK FL 34665

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

2. New Principal Office Address, If Applicable

Same as above

3. New Mailing Office Address, If Applicable

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1987

5. FEI Number

59-2855811

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CHASE, JAMES A.	4601 16TH AVE., NORTH	ST. PETERSBURG FL
VD	KELLEY, TIMOTHY J.	5545 62ND AVE., NORTH	PINELLAS PARK FL
STD	BALDWIN, MOSES	2501 57TH PLACE., NORTH	ST. PETERSBURG FL
T	WILLIAMS, TED	5793 73RD ST., NORTH	ST. PETERSBURG FL
T	FOSTER, DAN	402 11TH AVE., NO.	ST. PETERSBURG FL

8. Name and Address of Current Registered Agent

CHASE, JAMES A.
4601 16TH AVE., NORTH
ST. PETERSBURG FL 34665

9. Name and Address of New Registered Agent

Name Same resident agent -- no new resident

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.

Signature of
Registered Agent

JAMES A. CHASE

REGISTERED AGENT MUST SIGN

Date May 7, 1999

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. CHASE

Date

5-7-99

Daytime Phone #

727-323-2645

CR2E040 (9/98)