

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 18 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20400**

1. Corporation Name

Grace Lutheran Church of Arcadia, Inc.

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

1004 W. Oak Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Arcadia, Florida

City & State

Zip

34266

Country

USA

Zip

34266

Country

DeSoto

000182333120
06/18/10--01033--012 **603.75

REINSTATEMENT 04-10

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/1987

5. FEI Number

592913263

☐ 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

Marilyn Nauta

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

1226 SE Ninth Ave.

Suite, Apt. #, Etc.

City

Arcadia

State

FL

Zip Code

34266

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

Marilyn Nauta

REGISTERED AGENT MUST SIGN

Date **06/12/2010**

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
P.	Brian Baum	1087 SE Townsend Ave	Arcadia, FL 34266
VP	Barbara Mixon	1500 SE Reynolds St	Arcadia, FL 34266
S.	Carolyn Luedtke	2332 Gene's Little Acre	Arcadia, FL 34266
T.	Marilyn Nauta	1226 SE Ninth Ave.	Arcadia, FL 34266
FS	Larry Stanford	2371 SE Hwy 31 #85	Arcadia, FL 34266

10. E-mail Address: **gracelc@desoto.net**

(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:

Marilyn Nauta

MARILYN NAUTA

6/11/10

863-494-7008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #