

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N35037

1. Corporation Name

LOVE AND GRACE FAMILY CHURCH, INC.

Principal Place of Business

12400 PLANTATION RD
FORT MYERS FL 33912
US

Mailing Address

12400 PLANTATION RD
FORT MYERS FL 33912
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1989

5. FEI Number

65-0150686

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HAIGHT, DANIEL J	7767 CAMERON CIRCLE 7553 Cameron Circle	FT. MYERS FL 33901 Ft. Myers, FL 33912
DS	HAIGHT, JOSELYN A	7767 CAMERON CIRCLE 7553 Cameron Circle	FT. MYERS FL 33901 Ft. Myers, FL 33912
DV	DELEACAES, PASQUALE	3074 MCGREGOR BLVD	FT MYERS FL 33901
DV	Bulgerin, Wayne	5572-1 Malt Drive	Ft. Myers, FL 33907

8. Name and Address of Current Registered Agent

HAIGHT, DANIEL J.
7767 CAMERON CIRCLE
FT. MYERS FL 33912

9. Name and Address of New Registered Agent

Name
Haight, Daniel J.
Street Address (P.O. Box Number is Not Acceptable)
7553 Cameron Circle
Suite, Apt. #, Etc.
City
Ft. Myers
State
FL
Zip Code
33912

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
Daniel J. Haight
REGISTERED AGENT MUST SIGN

700004672367--5
-11/08/01--01044--017
Date ***10/21/01*** 245.00

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 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:

Signature of
SIGNED
JOSELYN A. HAIGHT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSELYN A. HAIGHT

10/21/01 941-768-1300

Date Daytime Phone #