

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 10 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46484**

1. Corporation Name

**GRACE LUTHERAN CHURCH OF
PORT ST. LUCIE, FLORIDA INC.**

REINSTATEMENT **02-03**

2. Principal Office Address

**710 SW PT. ST. LUCIE
BLVD.**

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL.

Zip

34953

Country

US

3. Mailing Office Address

710 SW. PORT ST. LUCIE BLVD

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL.

Zip

34953

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/17/91

5. FEI Number

650315662

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

KEVIN GARBERS

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

7205 ARTHURS RD

Suite, Apt. #, Etc.

City

FORT. PIERCE

**State
FL**

Zip Code

34951

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

Kevin Garbers

REGISTERED AGENT MUST SIGN

Date **12/15/2002**

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	KEVIN GARBERS	7205 ARTHURS RD.	FT. PIERCE, FL 34951
VP	JERRY FRUENBERG	766 SE RIVER LA	PORT ST. LUCIE, FL 34983
T	TONY DURDA	2820 SE TATE AVE	PORT ST. LUCIE, FL 34984
SD	Jane Kraft	572 SW Dauphin Ave	Port St Lucie FL 34953
D	Chris McDonnell	456 SE Starflower	Port St Lucie, FL 34983

10. 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:

Kevin Garbers Kevin L. Garbers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/2002

Daytime Phone #

222-464

2117