

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000393

1. Corporation Name
GRACE CHURCH OF GOD OF PROPHECY, INC.

Principal Place of Business Mailing Address
3093 FLOWEVA STREET 3093 FLOWEVA STREET
W PALM BEACH FL 33406 W PALM BEACH FL 33406

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt #, etc.		Suite, Apt. #, etc.		01/28/1993	
City & State		City & State		5. FEI Number	
Zip		Country		65-0386183	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

FILED

99 DEC -9 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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	4 City / State / Zip
D	WALKES, ROGGOE	508 CHILLINGWORTH DR	W PALM BCH FL
ST/D	RAY, JOE	2565 CEDARCREST RD	W PALM BEACH FL
D	THOMAS, AMOS	413 N.W. 3RD AVE.	BOYNTON BEACH FL 33435
P/D	MCDANIEL, JOHNNY F	2910 NORWAY PINE LANE	LANTANA FL 33462
VP	LADD, BRIAN	3093 FLOWEVA STREET	W PALM BEACH FL 33406

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LADD, BRIAN K 3093 FLOWEVA STREET W PALM BEACH FL 33406		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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: Brian Ladd Date: 12/5/99
REGISTERED AGENT MUST SIGN

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: Brian Ladd BRIAN K. Ladd Date: 12/5/99 Daytime Phone #: 561-964-1371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/99)