

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED
 97 MAR 25 AM 9:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N93000001978 (6)
 1. Corporation Name
GRACE UNITED METHODIST CHURCH OF GAINESVILLE, INC.

Principal Place of Business Mailing Address
9325 W. NEWBERRY RD. 9325 W. NEWBERRY RD.
GAINESVILLE, FL 32606-5547 GAINESVILLE, FL 32606-5547

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 -03/27/97--01107--005
 ****306.25 ****306.25

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.		02/02/1983	
City & State		City & State		5. FEI Number	
Zip		Country		59-2259563	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$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
D	MIRONACK, MICHAEL	4817 NW 37TH PL	GAINESVILLE, FL 32606
D	CHRISTIAN, CEDRIC	3603 NW 30TH BLVD	GAINESVILLE, FL 32605
D	HUMPHRIES, MARK	3216 SW 75TH ST	GAINESVILLE, FL 32607
T	HARPER, CURTIS	10227 SW 12TH PL	GAINESVILLE, FL 32607

REINSTATEMENT 96-97
 T. Alan

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WHITAKER, SCOTT L. 4010 W. NEWBERRY RD. SUITE H GAINESVILLE, FL 32607		Name SARLES, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 9323 SW 8TH AVE. Suite, Apt. #, Etc. City GAINESVILLE State FL Zip Code 32607	

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 Robert A. Sarles Date 3-24-97
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Michael W. Mironack MICHAEL W. MIRONACK 3/24/97 (352) 392-4781
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/2996)