

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JUL 31 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003017

1. Corporation Name

GRACE CHRISTIAN SCHOOL, INC.

Principal Place of Business

Mailing Address

204 BRANTLEY RD
GRANDIN FL 32138-0008

POB 8
GRANDIN FL 32138-0008

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

06/28/1993

5. FEI Number

59-3190826

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
DVP + DT	CARTER, ARTHUR L	204 BRANTLEY RD 126 LAKE GREEN SILLS RD.	GRANDIN FL 32138 HAWTHORNE FL 32640
DP	CARTER, SHARON W	204 BRANTLEY RD 126 LAKE GREEN SILLS RD.	GRANDIN FL 32138 HAWTHORNE FL 32640
DT	HOUGH, JOSEPH P.	678 STATE RD 26	MELROSE FL 32666
DS	HOFFMAN, MARTIN K	4814 W. WOODLAWN ST	DUNNELLON FL 34432
D	MUSTERED, JEREMIAH J	204 BRANTLEY RD.	GRANDIN FL 32138

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARTER, SHARON W
204 BRANTLEY RD
GRANDIN FL 32138-0008
126 LAKE GREEN SILLS RD
HAWTHORNE FL 32640

Name

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

900006948299-1

Suite, Apt. #, Etc.

08/07/02-01058-002

***297.50 ***297.50

City

State

FL

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

Sharon W. Carter

REGISTERED AGENT MUST SIGN

Date 7/22/02

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:

Sharon W. Carter SHARON W. CARTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/02 386-972-6242

Date

Daytime Phone #(cell)

CR2E040 (8/01)