

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV -3 PM 4: 03

DOCUMENT # N94000000153

1. Corporation Name

GRACES OF AMERICA, INC

2. Principal Office Address
3155 SW 19 ST

Suite, Apt. #, etc.

City & State
MIAMI, FL USA

Zip
33145

Country
USA

3. Mailing Office Address
3155 SW 19 ST

Suite, Apt. #, etc.

City & State
MIAMI, FL USA

Zip
33145

Country
USA

REINSTATEMENT

05-06

4. Date Incorporated or Qualified
To Do Business in Florida 01/03/1994

5. EFL Number
65-0458761

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
GILBERTO L. MANTILLA

Street Address (P.O. Box Number is Not Acceptable)
3155 SW 19 STREET

Suite, Apt. #, etc.

City
MIAMI

State
FL

Zip Code
33145

500081504305
11/03/06--01044--012 **12.50

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

REGISTERED AGENT MUST SIGN

Date 10/30/2006

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
PD	GILBERTO L. MANTILLA	3155 SW 19 STREET	MIAMI, FL USA 33145
D	OLGA ARIAS DE ORREGO	3155 SW 19 STREET	MIAMI, FL USA 33145
D	TARCILA B. AGREDA	3155 SW 19 STREET	MIAMI, FL USA 33145
D	SARA M. KELLY	3155 SW 19 STREET	MIAMI, FL USA 33145
D	ESTEBAN GENAO MD	3155 SW 19 STREET	MIAMI, FL USA 33145
D	ROLAND A MANTILLA	3155 SW 19 STREET	MIAMI, FL USA 33145

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/2006

Date

305-244-8389

Daytime Phone #

NOV 3 2006

Zofz

Miami, October 30, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: **GRACES OF AMERICA, INC**
Doc Number N94000000153

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$122.50 to cover the following fees:

2005 Uniform Business Report
2006 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1994.

Your consideration will be greatly appreciated.

Sincerely,



GILBERTO L MANTILLA
President
3155 SW 19 Street
Miami, FL 33145