

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAR 5 AM 5:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003040

1. Corporation Name

GRACE MINISTRIES INTERNATIONAL, INC.

REINSTATEMENT 02-08

CR2E081 (12/07)

7c 3/13

2. Principal Office Address - No P.O. Box #

188 SW Sandpiper Ct.

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32025

Country

USA

3. Mailing Office Address

PO Box 7408

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32055-7408

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/21/1994

5. FEI Number  
593248360

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

David M. Barber

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

188 SW Sandpiper Ct.

Suite, Apt. #: Etc.

City

Lake City

State

FL

Zip Code

32025

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

3-4-08

REGISTERED AGENT MUST SIGN

**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
D	Donald K. Joye, Sr.	291 SW Harbor Ln.	Lake City, FL 32024
D	Paul Mabile	1120 SW Hope Henry St.	Lake City, FL 32024
D	David M. Barber	188 SW Sandpiper Ct.	Lake City, FL 32025
D	Barry D. Joye	10153 W. US Hwy. 90	Lake City, FL 32055

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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

Date

3-4-08

Daytime Phone #

352-494-9086