


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRET DIVISION OF CORPORATIONS 06 OCT 30 PM 12:42
DOCUMENT # N96000005441			
1. Corporation Name Amazing Grace Baptist Church of Land O' Lakes, FL Inc.			
2. Principal Office Address 5439 mile stretch Dr Suite, Apt. #, etc.		3. Mailing Office Address 5439 mile stretch Dr Suite, Apt. #, etc.	
City & State Holiday FL Zip 34690 Country US		City & State Holiday FL Zip 34690 Country US	
		4. Date Incorporated or Qualified To Do Business in Florida 10-22-1996	
		5. FEI Number 593408229	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name: Claude Greiner			
Street Address (P.O. Box Number is Not Acceptable): 5439 mile stretch Dr			
Suite, Apt. #, Etc.			
City: Holiday		State: FL Zip Code: 34690	
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: <i>Claude Greiner</i>		Date: 10/23/06	
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
T	Claude Greiner	5439 mile stretch Dr	Holiday FL 34690
T	Suzanne Greiner	5439 mile stretch Dr	Holiday FL 34690
T	Larry Casson	3900 Pensdale Dr	NPR FL 34652
000081347280 10/30/06--01048--006 **297.50			
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: <i>Claude Greiner</i>		Date: 10/23/06	Daytime Phone #: (727) 937-8348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			