

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR 12 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200097357452  
04/18/07--01038--011 \*\*481.25

DOCUMENT # N98000001235

1. Corporation Name

GRACE BIBLE CHURCH OF  
PORT CHARLOTTE, INC.

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

9101 Lipe Rd SW

Suite, Apt. #, etc.

3. Mailing Office Address

22589 Ashton Ave.

Suite, Apt. #, etc.

City & State

ARCADIA, FL

City & State

PORT CHARLOTTE, FL

Zip

34269

Country

Zip

33980

Country

**REINSTATEMENT 03-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/2/98

5. FEI Number

65-0630764

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

Brian FROOK

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

9101 Lipe Rd. SW

Suite, Apt. #, Etc.

City

ARCADIA

State

FL

Zip Code

34269

☐ 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

*B. Froom*

REGISTERED AGENT MUST SIGN

Date 4/8/07

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
CD	Bob WALSH	2100 Kings Highway #261	PORT CHARLOTTE, FL 33980
D	Brian FROOK	9101 Lipe Rd SW	ARCADIA, FL 34269
D	MARK CLARKE	22589 Ashton Ave	PORT CHARLOTTE, FL 33980
D	Richie SERRELL	15082 Gulistan Ave	PORT CHARLOTTE, FL 33953

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:

*B. Froom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian FROOK 4/8/07 863-494-7820

Date

Daytime Phone #

jc 4/16