PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 29 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900008682179
10/29/02--01154--009 **269.75

REINSTATEMENT 02

DOCUMENT # N98000004871

1. Corporation Name

GRACE FELLOWSHIP RECOVERY CHURCH INC.

Principal Place of Business
8068 S.E. COCONUT STREET
HOBE SOUND FL 33455

Mailing Address
8068 S.E. COCONUT STREET
HOBE SOUND FL 33455

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/24/1998

5. FEI Number: 65-0859934 — 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MARTINEZ, PABLO L	8068 SE COCONUT ST	HOBE SOUND FL 33455
D	MARTINEZ, JENNY H	8068 SE COCONUT ST	HOBE SOUND FL 33455
D	MARTINEZ, ROBERT F	8011 ST HELEN TERR	HOBE SOUND FL 33455
D	BLISS, JERRY	11514 PLANDOME DRIVE	HOBE SOUND FL 33455
D	PERANIO, SCOTT	7333 SE JAMES STREET	HOBE SOUND FL 33455

8. Name and Address of Current Registered Agent
MARTINEZ, PABLO L
8068 SE COCONUT ST
HOBE SOUND FL 33455

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date 10/24/02

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/24/02
Daytime Phone # 772-545-1256