

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

\*FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN -8 AM 8:00

DOCUMENT # N98000004871

**1. Corporation Name**

Grace Fellowship Recovery Church

**REINSTATEMENT** 03-04  
MRS

000037757490  
06/08/04--01011--025 \*\*306.25

**2. Principal Office Address**

8068 S.E. Coconut Street

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

Zip

33455

Country

USA

**3. Mailing Office Address**

(Same)

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/24/98

**5. FEI Number**

650859934

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

Pablo L. Martinez

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

8068 S.E. Coconut Street

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

**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

05/02/04

**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	Pablo L. Martinez	8068 S.E. Coconut St.	Hobe Sound, FL 33455
D	Jenny H. Martinez	8068 S.E. Coconut St.	Hobe Sound, FL 33455
D	Robert F. Martian	8011 S.E. Helen Terr.	Hobe Sound, FL 33455
D	Jerry Bliss	11514 Plandome Drive	Hobe Sound, FL 33455
D	Scott Peranio	7333 S.E. James St.	Hobe Sound, FL 33455

**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 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:**

Jenny H. Martinez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/04  
Date

Daytime Phone #

CR2E081 (01/04)