


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N99000006700</u> 1. Corporation Name <u>Amazing Grace Ministries Inc.</u>			
2. Principal Office Address <u>1611 Jaydell Circle</u> Suite, Apt. #, etc. <u>Suite A</u> City & State <u>Tallahassee, Florida</u> Zip <u>32308</u>		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	

FILED

05 MAY 11 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida <u>11-12-99</u>	
5. FEI Number <u>59-3585818</u>	Applied For Not Applicable
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 <u>Darryl Griswell</u> <u>200054334022</u> <u>05/12/05--01064--004 **183 75</u> Street Address (P.O. Box Number is Not Acceptable) <u>1611 Jaydell Circle</u> Suite, Apt. #, Etc. <u>Suite A</u> City <u>Tallahassee</u>	
State FL	Zip Code <u>32308</u>

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 <u>[Signature]</u> REGISTERED AGENT MUST SIGN	Date <u>5/10/05</u>

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	Donald Griswell	3394 Eddie Road	Tallahassee, FL 32308
DV	Darryl Griswell	3394 Eddie Road	Tallahassee, FL 32308
STTR	Emma Griswell	614 Steel Drive	Tallahassee, FL 32308
TTR	Johnshay Footman	705 Pointe Court	Tallahassee, FL 32308
TTR	Ronald Wade	705 Pointe Court	Tallahassee, FL 32308

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:

Donald Griswell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/10/05

CR2E081 (01/05)