CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -3 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007369

1. Corporation Name

Grace Foundation, Inc.

000037798570
06/09/04--01029--030 **61.25

REINSTATEMENT 00-04

2. Principal Office Address	3. Mailing Office Address
4532 W. Kennedy Blvd.	4532 W. Kennedy Blvd.

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Tampa, FL	Tampa, FL

4. Date Incorporated or Qualified To Do Business in Florida December 14, 1999

5. FEI Number 36-4335020   Applied For / Not Applicable

Zip	Country	Zip	Country
33609	USA	33609	USA

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

000037798570
06/09/04--01029--031 **420.00

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

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 _____*Anne Shilling*_____   Date _5/28/04_

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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, P	Susan Turner	4532 Kennedy Blvd.	Tampa, FL 33609
D,VP,T	Nancy Brown	P.O. Box 4460	Seminole, FL 33775
D,VP,S	Roxann W. Moore	401 E. Jackson Street	Tampa, FL 33601

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: _____*Susan R.A. Turner*_____   _5/27/04_   (813) 288-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #