

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN -7 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *06-08*

DOCUMENT # N99000007589

1. Corporation Name

Gracia Belle Livingston Foundations, Inc.

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

159 Lookout Place

Suite, Apt. #, etc.

Suite 101

City & State

Maitland, FL

Zip

32751

Country

US

3. Mailing Office Address

159 Lookout Place

Suite, Apt. #, etc.

Suite 101

City & State

Maitland, FL

Zip

32751

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1999

5. FEI Number

593615446

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

Charles D. Wilder

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

159 Lookout Place

Suite, Apt. #, Etc.

Suite 101

City

Maitland

State

FL

Zip Code

32751

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

Charles D. Wilder

Date 1/2/2008

REGISTERED AGENT MUST SIGN

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
DPS	Charles D. Wilder	159 Lookout Place, Suite 101	Maitland, FL 32751
DVP	C. Christine David	4675 Chuluota Road	Orlando, FL 32820
DT	R. Dean Bosco	111 N. Orange Ave., Suite 1300	Orlando, FL 32801

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01/07/08--01048--004 **188.75

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:

Charles D. Wilder

Charles D. Wilder

1/2/08 407-647-7526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/2/08