PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Conponations			FILE() 07 SEP 26 PM 3: 02
DOCUMENT # N 99000			RECORTIVITY OF STATE PALLAHASSEE, FLORIDA	
Grace Romanian Baptist Church Of			70 10/18	0 0110955707 /0701042018 **367.50
Hollywood, Inc.				
2. Principal Office Address - No P.O. Box # 1542 Harrison Street	3. Mailing Office Address 1542 Harrison Street		REI	NSTATEMENT OF
Suite, Apt. #, etc. 11/10	Suite, Apt. #, etc.	1/a 4. Date in		porated or Qualified 12/13/99
City & State 14011 4WOOD FL.	City & State H0114W000	65-0		
33020 Country U.S.H	zip 330∂0	U. S. A		OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent				
Name Cornel Hanes			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.	
Street Address (P.O. Box Number is Not Acceptable) 980 SE and Avenue				
Sulte, Apt. #, Etc. 11/a				
City. Codo Tio Codo				
Dania Beach FL 33004				
8. 1, 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 Date 09/24/07 REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
		Street Address of Ea Officer and/or Direct		City / State / Zip
Treasurer Cornel Hanes		980 SE 2nd Avenue		Dania Beach FL. 33004
socretary Gelu Grigorie		3343 NW 794 Way		Davie FL 33024
Administrator Alin Sporea	5201	SW 31 Ave #	156	Ft. Louderdale FL. 33312
yerk Pekr Matca	и 4800	Hillcrest La	ane #206	Hollywood FL. 33021
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 filling 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: COMMENTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #				

20/11