

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUN 26 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P0000000.6357*

1. Corporation Name

Grace Lucille Properties, Inc.

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

980 North Federal Hwy

3. Mailing Office Address

980 North Federal Hwy

Suite, Apt. #, etc.

Suite 434

Suite, Apt. #, etc.

Suite 434

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

Zip

33432

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/2000

5. FEI Number

385782123

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

STEVEN D. RUBIN

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

980 N. Federal Hwy

Suite, Apt. #, Etc.

Suite 434

City

Boca Raton, FL

State

FL

Zip Code

33432

400236820044
06/26/12--01012--020 **2250.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/25/12

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
<i>D</i>	<i>Geraldine P. McElroy</i>	<i>6140 Ave E</i>	<i>McINTOSH, FL 32664</i>
<i>D</i>	<i>John Chetras</i>	<i>2405 S.E. 5th Street</i>	<i>Pompano Beach, FL 33062</i>

REINSTATEMENT *02-12*

JUN 28 2012

T. LEWIS

10. E-mail Address: *CS Chetras @ skybest.com*

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

John Chetras - Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/12

Daytime Phone #