

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000040769

1. Corporation Name

GRACE ENTERPRISES OF THE NATURE COAST, INC.

Principal Place of Business

3099 DELTONA BLVD
SPRING HILL FL 34606

Mailing Address

3099 DELTONA BLVD
SPRING HILL FL 34606

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/2001

5. FEI Number

59-3720808

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	Geraldine Reed	3099 Deltona Blvd	Spring Hill FL 34606
V. Pres.	Robert Reed	" "	" "

8. Name and Address of Current Registered Agent

REED, GERALDINE
3099 DELTONA BLVD
SPRING HILL FL 34606

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Geraldine Reed
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/02

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., 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:

Geraldine Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 352-688-6751

Date

Daytime Phone #

FILED
02 OCT 25 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05-15-02 90145 024 \$150.00

CR2040 (8/02)

GRACE Enterprises of the Nature Coast, Inc.
3099 Deltona Boulevard
Spring Hill, Florida 34606
Phone: 352-688-6751
Fax: 352-666-1449

October 23, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

RE: Document #P01000040769

To whom it may concern:

Enclosed please find my application for reinstatement for my corporation known as Grace Enterprises of the Nature Coast, Inc. I spoke to one of your representatives today on the telephone and I was advised that the reason for the dissolution was for noncompliance of a letter dated 5/23/02 requesting the Corporate Officers. This letter was not received by me and I am requesting that you process my reinstatement without additional fees.

If you have any questions, please call me at the number shown above.

I thank you for your cooperation in this matter. Have a wonderful day.

Sincerely,

Geraldine Reed
President