

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P01000045776

1. Corporation Name

THE GRACE HOME INC.

Principal Place of Business

413 N RICHMOND AVE  
LEHIGH ACRES FL 33972

Mailing Address

413 N RICHMOND AVE  
LEHIGH ACRES FL 33972

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

05/07/2001

5. FEI Number

65-1106582

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	BAXTER, GRACE	413 N RICHMOND AVE	LEHIGH ACRES FL 33972
PT	BAXTER, GRACE	413 N RICHMOND AVE	LEHIGH ACRES FL 33972
VS	BAXTER, WILLIAM	413 N RICHMOND AVE	LEHIGH ACRES FL 33972

800008833658  
11/06/02--01108--004 \*\*150.00

8. Name and Address of Current Registered Agent

BAXTER, GRACE  
413 N RICHMOND AVE  
LEHIGH ACRES FL 33972

9. Name and Address of New Registered Agent

Name

The Grace Home Inc.

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

413 N. Richmond Ave

Suite, Apt. #, Etc.

Lehigh Acres

City

State

FL

Zip Code

33972

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

Oct 30, 2002

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 30, 2002

CR2E040 (8/02)

October 30, 2002

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
Tallahassee, Fl. 32314-6327

Gentlemen:

Enclosed please find my completed application for reinstatement. We did not receive the prior two notices and would like to have our application and check in the amount of \$150.00 (enclosed), used for the reinstatement of our corporation.

Should you have any questions, please feel free to contact us at your earliest convenience.

Sincerely,

Grace Baxter  
President & CEO