

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUN 15 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043734

1. Corporation Name

Grace of Jacksonville, Inc.

2. Principal Office Address

8374 Brierwood RD.

Suite, Apt. #, etc.

City & State

JAX, FL.

Zip

32217

Country

USA.

3. Mailing Office Address

8374 Brierwood RD.

Suite, Apt. #, etc.

City & State

JAX, FL.

Zip

32217

Country

USA

REINSTATEMENT CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

4-22-02

5. FEI Number

NONE

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03-06

7. Name and Address of Current Registered Agent

Name

Clyde M. Collins JR.

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

233 E. Bay St.

Suite, Apt. #, Etc.

#920

City

JAX.

State

FL

Zip Code

32202

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

Tom Walters

REGISTERED AGENT MUST SIGN

Date 6-15-06

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
Pres.	Tommy L. Walters	8374 Brierwood RD.	JAX, FL. 32217

600077136746

07/07/06--01021--014 **608.75

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:

Tom Walters / Tom Walters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-06

Date

(904)962-8888

Daytime Phone #

K. Eckel JUN 15 2006

Grace of Jacksonville, Inc.

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I Tom Walters, President of Grace of Jacksonville, Inc. Did not Recieve my corporation Reinstatement forms for the year 2003.

Tom Walters