

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000119342**

1. Corporation Name

GRACE FUNERAL HOME, INC.

Principal Place of Business

555 NE 34TH STREET, SUITE 307
MIAMI FL 33137

Mailing Address

555 NE 34TH STREET, SUITE 307
MIAMI FL 33137

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

11/07/2002

5. FEI Number

33-1032376

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
D	WRIGHT, TERRANCE	770 NW 119TH STREET	MIAMI FL 33168
P	VINCENT T. BROWN PRESIDENT / CEO	555 NE 34TH ST #307	MIAMI, FL 33137

8. Name and Address of Current Registered Agent

BROWN, VINCENT T
555 NE 34TH STREET, SUITE 307
MIAMI FL 33137

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

SIGNATURE *[Signature]*

Date 10/14/03

REGISTERED AGENT MUST SIGN

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 *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03

Date

305-438-0665

Daytime Phone #

CR2E040 (7/03)

October 14, 2003

To whom it may concern:

Please be advised that a correction notice was mailed to 18520 NW 67th Ave #238 Miami, FL 33015. I never rec'd that notice. Please accept this correct and waive any penalties that may be assessed. Any questions, please feel free to contact me.

Thanking you in advance.

Mr. Vincent L. Brown
305 438-0605
305 785-6420

Grace Funeral Home Inc
770 NW 119th St
Miami, FL 33168

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