

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 DEC -4 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126267

1. Corporation Name

GRACE HEIR, INC.

Principal Place of Business

4730 YOUNG RD
CRESTVIEW FL 32539

Mailing Address

4730 YOUNG RD
CRESTVIEW FL 32539



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

2. New Principal Office Address, If Applicable

106 A Truxton Ave.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

106 A Truxton Ave.
Suite, Apt. #, etc.

City & State

FWB FL
Zip 32547 Country OKALOOSA

City & State

FWB FL
Zip 32547 Country OKALOOSA

REINSTATEMENT 07

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2002

5. FEI Number

57-113-814-1

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
DP	WILCOX, RONALD L	4730 YOUNG RD	CRESTVIEW FL 32539

400024633354
11/13/03--01023--007 **150.00

8. Name and Address of Current Registered Agent

MCDUFFIE, MICHAEL S
797 N PEARL ST
CRESTVIEW FL 32536

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

Michael S. Duffie

REGISTERED AGENT MUST SIGN

Date 11/10/03

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:

Ronald L. Wilcox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-03
Date

Daytime Phone #

CR20040 (7/03)

GRACE HEIR, INC.

4730 Young Road
Crestview, FL 32539
850-862-1632



November 11, 2003

Florida Department of State
Division of corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Document # P02000126267

Dear Sir or Madam:

While I was browsing your website I noticed that our corporation had been administratively dissolved for not filing our annual report. Just recently I received your notice in the mail.

We just incorporated at the end of 2002 and according to our accountant we should have received your form in the mail around December with instructions on how to file for 2003. We have not received such a notice until now (the Notice of Dissolution).

We have filled out the reinstatement paperwork and are returning it with a check for the original fee of \$150.00. We are requesting that you waive any penalties for late filing due to the nature of our situation since this is our first time having to file.

Please call us at the above number if there are any questions or concerns. We would like to get this resolved as soon as possible.

Thank you in advance for your help and consideration in this matter.

Best regards,

Ronald L Wilcox
President