

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUN 29 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000024478

1. Corporation Name

Crowned Grace INC.

200158302822  
07/09/09--01036--003 \*\*750.00

**REINSTATEMENT** 06-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

2582 S. Maguire Road

3. Mailing Office Address

2582 S. Maguire Road

Suite, Apt. #, etc.

Suite 316

Suite, Apt. #, etc.

Suite 316

City & State

Ocoee

City & State

Ocoee

Zip

34761

Country

USA

Zip

34761

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

February 24, 2003

5. FEI Number  
20-0035627

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Stephanie A. Parson

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

2582 S. Maguire Road

Suite, Apt. #, Etc.

Suite 316

City

Ocoee

State

FL

Zip Code

34761

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date June 26, 2009

REGISTERED AGENT MUST SIGN

**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
CEO	Stephanie A. Parson	12065 Rebeccas Run Drive	Winter Garden, FL 34787

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephanie A. Parson

June 26, 2009

Date

3212515236

Daytime Phone #