

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000114305

FILED
Mar 26, 2008
Secretary of State

Entity Name: GRACE THOMAS HOLDINGS CORPORATION

Current Principal Place of Business:

915 MIDDLE RIVER DR. SUITE 506
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

915 MIDDLE RIVER DR. SUITE 506
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 20-1450620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOX, DOUGLAS M
6929 NW 63 WAY
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

KARNEY, WILLIAM M ESQUIRE
915 MIDDLE RIVER DRIVE
SUITE 506
FORT LAUDERDALE, FL 33304 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM M. KARNEY

03/26/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOX, DOUGLAS M
Address: 6929 NW 63 WAY
City-St-Zip: PARKLAND, FL 33067

Title: VP () Delete
Name: MOX, LISA A
Address: 6929 NW 63 WAY
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MOX, DOUGLAS M
Address: 915 MIDDLE RIVER DRIVE, SUITE 506
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: DVPS (X) Change () Addition
Name: MOX, LISA A
Address: 915 MIDDLE RIVER DRIVE, SUITE 506
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS M. MOX

DP

03/26/2008

Electronic Signature of Signing Officer or Director

Date