

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000100834

1. Corporation Name

Grace & Ryan, Inc.

2. Principal Office Address - No P.O. Box #
650 39th Court S.W.

3. Mailing Office Address
650 39th Court S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Vero Beach, Florida

City & State
Vero Beach, Florida

Zip Country
32968 USA

Zip Country
32968 USA

400148811774
04/06/09--01045--003 ***450.00
625081 (12/08)

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida July 19, 2005

5. FEI Number
03-0565876

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
Jennifer Krassy

Street Address (P.O. Box Number is Not Acceptable)
650 39th Court S.W.

Suite, Apt. #, Etc.

City
Vero Beach

State Zip Code
FL 32968

☒ 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

Jennifer Krassy
REGISTERED AGENT MUST SIGN

Date 4/1/09

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
P	Jennifer Krassy	650 39th Court S.W.	Vero Beach, Florida 32968
V	Matthew Krassy	650 39th Court S.W.	Vero Beach, Florida 32968

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: *Jennifer Krassy* Jennifer Krassy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/2009
Date

772-584-0900
Daytime Phone #