FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 13 AM 10: 36

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000156943

1. Entity Name
GRACE UNLIMITED CREATIVE SERVICES, INC.

Principal Place of Business
1613 FRUITVILLE ROAD, Ste. 1
SARASOTA, FL 34236

Mailing Address
1613 FRUITVILLE ROAD, Ste 1.
SARASOTA, FL 34236

02262009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number
20-8110773
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLSON, GRACE
1613 FRUITVILLE ROAD, Ste 1
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

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

City | FL | Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE G Carlson 3/5/09
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARLSON, GRACE	NAME	600145686086
STREET ADDRESS	1613 FRUITVILLE ROAD, Ste. 1	STREET ADDRESS	03/13/09--01004--023 **300.00
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARLSON, GRACE	NAME	
STREET ADDRESS	1613 FRUITVILLE ROAD, Ste. 1	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT 08-09 KS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G Carlson 3/10/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

From:aspire 941 362 1921 03/10/2009 13:45 #320 P.002/002