

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000010414

1. Corporation Name

GRACE SERVICES & ENTERPRISES INC.

Principal Place of Business

Mailing Address

3091 NW 99 PLACE
MIAMI, FL 33172

3091 NW 99 PLACE
MIAMI, FL 33172

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1992

5. FEI Number

65-0378268

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	GONCALVES, EDIR	3091 NW 99 PLACE	MIAMI, FL 33172
VP	GONCALVES, WLEIDIA V	3091 NW 99 PLACE	MIAMI, FL 33172
ST	DESORDI, SELMA	3091 NW 99 PLACE	MIAMI, FL 33172

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

DESORDI, SELMA

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

3091 NW 99 PLACE

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33172

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.

Signature of
Registered Agent

Selma Desordi
REGISTERED AGENT MUST SIGN

Date

09/25/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

****\$15.00 ****\$15.00
(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Selma Desordi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/25/97/205/685-8868

Daytime Phone #

CR2040 (12/95)