

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL -9 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92 0000 10414

1. Corporation Name

GRACE SERVICES & ENTERPRISES, INC.

2. Principal Office Address

3050 SW 1 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33129

Country

USA

3. Mailing Office Address

3050 SW 1 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33129

Country

USA

REINSTATEMENT

0001

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650378268

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

SELMA TRIANT

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

3050 SW 1 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33129

600004475716-3

-07/16/01--01003--019

***300.00 ***900.00

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

Selma Triant

REGISTERED AGENT MUST SIGN

Date 06/29/01

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, V. S	SELMA TRIANT	3050 SW 1 AVE	MIAMI, FL - 33129
			LS

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 under section 119.07(3)(i), 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:

Selma Triant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/29/01

Date

305 799-7909

Daytime Phone #

CR2E081 (9/00)