

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -1 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055206

1. Corporation Name

R. K. GRACE & CO.

Principal Place of Business

2600 DOUGLAS RD.
SUITE 150
CORAL GABLES FL 33134

Mailing Address

2600 DOUGLAS RD.
SUITE 150
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1993

5. FEI Number

65-0433947

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ROSE, RICHARD Delete	2600 DOUGLAS RD. #150	CORAL GABLES FL 33134
D	KAWESKE, JOHN	2600 DOUGLAS RD #150	CORAL GABLES FL

200002362132--7
-12/03/97--01063--008
****165.00 ****165.00

8. Name and Address of Current Registered Agent

TERREMARK CORPORATE AGENTS, INC.
2001 S. BAYSHORE DR.
18TH FLOOR
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

11/3/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/3/97 305-444-4463



October 30, 1997

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

2600 DOUGLAS ROAD
CORAL GABLES, FL 33134

305.444.4403

FAX 305.444.2261

255 PONCE DE LEON AVENUE
ROYAL BANK CENTER
SUITE A-257, EAST WING
HATO REY, PR 00917

787.274.0920

FAX 787.274.1080

INVESTMENT COUNSELORS

MEMBERS

NASD - SIPC

Re: Document P96000070273 Kaweske, Suares & Company
Document P93000055206 R K Grace & Company

Dear Sirs:

Enclosed please find the following checks payable to the Department of State for the annual renewal fees of our corporations. We did not received the annual renewal forms in the mail, however, we received the notice of revocation. We called your office @ 850 487 6096 and was told to complete this forms with a letter of explanation and a check for \$165.00 for each company for the reinstatement.

Sincerely,

A handwritten signature in black ink, appearing to read 'John D. Kaweske'. Below the signature is the printed name 'John D. Kaweske' and the title 'Chief Executive Officer'.

John D. Kaweske
Chief Executive Officer