

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 25 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000076073**

1. Corporation Name

GRACE APPRAISAL GROUP INC

2. Principal Office Address

6400 MOCKINGBIRD WAY S

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG

City & State

Zip

33707

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-28-93

5. FEI Number

59-3221010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97.05

7. Name and Address of Current Registered Agent

Name

MICHAEL GRACE

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

6400 MOCKINGBIRD WAY S

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33707

900048846169
03/22/05--01019--011 **1361.00

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

Michael Grace

REGISTERED AGENT MUST SIGN

Date

2-23-05

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, VP, D	MICHAEL GRACE	6400 MOCKINGBIRD WAY S	ST PETERSBURG FL 33707

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:

Michael Grace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-23-05

Daytime Phone #

CR2E081 (01/05)

February 16, 2005

Re: Grace Appraisal Group, Inc
Reinstatement

To Whom it May Concern,

Enclosed please find my reinstatement form as well as a check for \$1,365.00 to bring my corporation up to date thru 2005.

I had not received any renewals since 1997 and I had moved and did not know that they would not be forwarded.

Hopefully this letter will reinstate my corporation as well as update my address so I may receive renewals in the future.

Thank you for your time in this matter.

Sincerely,


Michael Grace
President