

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 # P95000023335

1. Corporation Name

GRACELAND GROUP, INC.

Principal Place of Business

123 HARNESS LN
KISSIMMEE FL 34743

Mailing Address

123 HARNESS LN
KISSIMMEE FL 34743

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

03/22/1995

5. FEI Number

59-3302202

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	HUA GE, JI	123 HARNESS LN	KISSIMMEE FL 34743

500002384419--5
-12/29/97--01072--004
****175.00 ****175.00

8. Name and Address of Current Registered Agent

CHEW, CHRISTINE
8748 WITTENWOOD COVE
ORLANDO FL 32836

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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 #

FILED

97 DEC 22 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CP2E040 (8/97)

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Graceland Group, Inc.
123 Harness Ln
Kissimmee FL 34743-7708

FL Dept of State
Div. of Corp
P.O. Box 6327
Tallahassee FL 32314

FC 195000023335 Annual Report Fee

SEP 01 1997
02:01:54

This letter is to response the notice of administrative dissolution or revocation. We have made a check for \$175.00 dated 2/24/97 and mailed it for our 1997 annual report filing fee still not been cashed yet. according to our record, we do file the annual report before the 4/30/97. Please trace our file if there is a check from our company.

Enclosed please find our copy of check stub #209 and a replace check of \$175.00 to replace the check #209. If you do find our old check, please void and return to us.

Your attention are very appreciated.
Sincerely,


President