

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **DA90000A915**

1. Corporation Name

GRACE CONSULTING SERVICES, INC.

2. Principal Office Address

8925 Collins Ave

Suite, Apt. #, etc.

11-g

City & State

SURFSIDE, FL

Zip

33154

Country

DADE

3. Mailing Office Address

1515 UNIVERSITY DR

Suite, Apt. #, etc.

209

City & State

CORAL SPRINGS FL

Zip

33071

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/99

5. FEI Number

65-089-7774

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

GRACE CARUATJAL

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

8925 Collins Ave

Suite, Apt. #, Etc.

11-g

City

SURFSIDE, FL

33154

State

FL

Zip Code

33154

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-20-01

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

GRACE CARUATJAL 8925 Collins Ave 11-g SURFSIDE, FL 33154

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 application are 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

GRACE CARUATJAL

Date

04/20/01 (305) 865064

Daytime Phone #

CR2E081 (9/00)

207

Grace Consulting Services, Inc.

4-20-01

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: GRACE CONSULTING SERVICES, INC. (P99000019915)

TO WHOM IT MAY CONCERN

Regarding your instructions, I am attaching herewith an application for re-instatement of above mentioned corporation, with the kind request that you please consider it, due to the fact that I didn't receive the forms neither last or this year. The forms was supposed to be sent to my accountant's office address and they claim that they didn't received any.

I am attaching check for \$300.00 as instructed. Thank you very much for your help on this matter.

Sincerely yours.,

Grace Carvajal, President



3925 Collins Ave. LPH-11 J. Miami Beach, FL 33156
Tel. (305) 865-0614 Fax (305) 864-7319