

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 12 PM 1:07

3/24/02 90051-045-150A  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

DOCUMENT # P99000041872

1. Corporation Name

GRACE CARE, INC.

Principal Place of Business

9441 REXFORD DR.  
NEW PORT RICHEY FL 34654

Mailing Address

9441 REXFORD DR.  
NEW PORT RICHEY FL 34654



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

05/03/1999

5. FEI Number

NOT APPLICABLE

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	4 City / State / Zip
P	WISNIEWSKI, JANUSZ	941 REXFORD DR	NEW PORT RICHEY FL 34654

8. Name and Address of Current Registered Agent

WISNIEWSKI, JANUSZ  
9441 REXFORD DR.  
NEW PORT RICHEY FL 34654

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

CR2EC40 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 #

SIGNATURE: WISNIEWSKI, JANUSZ 10/24/02 727-859-0295

10/22/02

Dear Gentlemen,

As requested through the conversation that we had earlier I am including a request for reinstate Grace Care, Inc. The fee was paid on 03/24/02 and the number is 90051-0415-150\$. This is the first application for reinstatement that I recieved. I did not recieve any letters requesting a signature.

Sincerely  
Janusz Wisniewski