DI EASE DEAD	ALL INSTRUCTION	e beenbe (	OMDI ETI	ING THIS EODM	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME  Katherine H  Secretary of  DIVISION OF CORPO	ENT OF STATE larris State	٦	FILED	
DOCUMENT # P0000033595  1. Corporation Name # P00000033595			01 OCT 18 AN II: 14		
DIVINE CORPORATION			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 29-N. ORANGE-AVE., STE. 301 ORLANDO-FL 32801	Mailing Address  20-N. ORANGE AVE.: STE. 301  ORLANDO FL 32801	- AVE.: - STE: - 301			(A)
If above addresses are incorrect in any way, line thr  2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.:	3. New Mailing Office Address,	If Applicable	4. Date Incorporto Do Busin	orated or Qualified ness in Florida 03/28	/2000
SOO W 2 <sup>nd</sup> Avenue  City & State Windermere FL  Zip Country	Gity & Stape Windermere F	586 - L ntry	6.	90316	Applied For Not Applicable Additional Fee required
<u> </u>	34 /86		<u> </u>	OF STATUS DESIRED  for a	Certificate of Status
7. Names and Street Addresses of Each Officer and/ Name of Officers		orations must list at lea Street Address of Each	<del></del> -		
1 ifle(s) and/or Directors 3		3 Officer and/or Director		City / State / Zip	
Pres Stephanie Fresor	ike 800 W Winder	800 W 2nd Avenue Windermere FL		Windermere FL	34786
				00046591 -10/30/01010 ****750.80 *	503 52007 ***750.00
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	RE	MOTATE			
	<i>;</i>		<del>-</del> !	13	
8. Name and Address of Current Registered Agent				Address of New Registered Age	nt
ROIG, RICARDO A-ESQ.  Street Address (P			P.O, Box Number	NSTEIN, ESQ	
1715 N. WESTSHORE BLVD., STE. 190 TAMPA FL 33607	Suite, Apt. #, Etc.				
		City Tam	pa	State Z	33607
10. I, being appointed the registered agent of the abo	ve named corporation am familiar	with and accept the of	bligations of Secti		<u> </u>

Signature of Registered Agent

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 filling 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: