

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 28 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004472

1. Corporation Name

DIVINE WORKS, INC.

2. Principal Office Address
2442 Buttonbush Court
Tallahassee, FL 32308

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Office Address
2442 Buttonbush Court
Tallahassee, FL 32308

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 07/27/1999

5. FEI Number
59-3589156

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

2001 UBR

7. Name and Address of Current Registered Agent

Name

DANIELS, BOBBYE FORD

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

2442 BUTTONBUSH COURT

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

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 *Bobbie Ford Daniels*
REGISTERED AGENT MUST SIGN

Date 11/14/2001

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
PTD	DANIELS, BOBBYE FORD	2442 BUTTONBUSH COURT	TALLAHASSEE FL 32308
VPSD	BUTLER, JOYCE FORD	2811 RAYMOND DIEHL ROAD	TALLAHASSEE FL 32308
D	HALL, JEAN W.	902 KENDALL DRIVE	TALLAHASSEE FL 32301

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: BOBBYE FORD DANIELS *Bobbie Ford Daniels* 11/14/2001 (850) 877-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DIVINE WORKS, INC.
2442 BUTTONBUSH COURT
TALLAHASSEE FL 32308
divineworks@aol.com

P. O. BOX 14918
TALLAHASSEE FL 32314
(850) 877-5009 / 877-7575

November 14, 2001

The name of our company is Divine Works, Inc., State of FL Document Number is N99000004472, and EIN is 3589156.

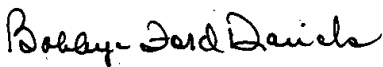
The purpose of this letter is to request a waiver of late fees associated with 2001 Annual Report.

Fees were not paid and report not submitted due to failure of receipt of pre-printed Annual Report Form. Since this information was never received I assumed that for the non-profit it was not necessary. Recently I called your office to inquire about amendment procedures and was told my company was in revocation status. Your staff informed me of necessary requirements for reinstatement.

I am enclosing an Application for Reinstatement along with the filing fee of \$61.25. Please let me know if additional information is necessary.

Thank you for considering our request.

Warm regards,


Bobby Ford Daniels
President

Enclosures:

Application for Reinstatement
Certificate of Status Fee, Check #1513 - \$8.75
Annual Report Fee, Check #1514 - \$61.25

ENCLOSURE

NOV 15 2001
TALLAHASSEE, FL