

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000000701

1. Entity Name
HARMONY OF THE DIVINE LIGHT CO.



Principal Place of Business
4350 SW 21ST STREET.
HOLLYWOOD, FL 33023

Mailing Address
2350 SW 21ST. STREET
HOLLYWOOD, FL 33023

FILED
09 JAN 28 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212009

REIN-NP

CR2E099 (1/07)

4. FEI Number
65-0891232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTOR, YANICK F REV.
10352 SW 9TH LANE
PEMBROKE PINES, FL 33025

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME CASTOR, YANICK F REV
STREET ADDRESS 10352 SW 9TH LANE
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE ☐ Change ☒ Addition
NAME VIVIANE. FABRE
STREET ADDRESS 10352 SW 9TH LANE
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE T ☐ Delete
NAME FONTIANE, RAYMOND
STREET ADDRESS 946 SW 102 TERRACE
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE ☒ Change ☐ Addition
NAME SUZ. MARIE. THERESE.
STREET ADDRESS 615 SOUTH STATE RD 7 APT 2A
CITY-ST-ZIP MARGATE, FL 33068

TITLE S ☒ Delete
NAME DERISIER, KERLIN
STREET ADDRESS 8431 NW 44CT.
CITY-ST-ZIP FT. LAUDREDALE, FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FONTAINE, LUCE
STREET ADDRESS 10352 SW 9TH LANE
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE ☐ Change ☐ Addition
NAME 600142295246
STREET ADDRESS 01/28/09--01027--008 **297.75
CITY-ST-ZIP

TITLE D ☐ Delete
NAME AUGUSTE, ANDREE
STREET ADDRESS 2904 CRESCENT PLACE
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT 08-09
STREET ADDRESS
CITY-ST-ZIP

TITLE V.P. ☐ Delete
NAME DERIZIER, NIRVA
STREET ADDRESS 8431 NW 44 CT.
CITY-ST-ZIP FT LAUDERDALE, FL 33351

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #