

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005356

1. Corporation Name

DESTINY AND DOMINION, INC.

Principal Place of Business

Mailing Address

15110 SW 153 PLACE
MIAMI FL 33196

15110 SW 153 PLACE
MIAMI FL 33196

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/2001

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HALL, GRADY E	15110 SW 153 PLACE	MIAMI FL 33196
D	HALL, BEVERLY A	15110 SW 153 PLACE	MIAMI FL 33196
D	WHITLOW, ANDRIA P	10320 SW 150 TER	MIAMI FL 33176

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALL, GRADY E
15110 SW 153 PLACE
MIAMI FL 33196

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Grady E. Hall

REGISTERED AGENT MUST SIGN

Date *Oct. 20, 2003*

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:

Grady E. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 20, 2003

Date

Daytime Phone #

CR2E040 (7/03)

October 17, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee Fl 32314-6327

To Whom It May Concern:

I am in receipt of a Notice of Administrative Dissolution or Revocation. I did not receive the two prior uniform business report (UBR) notices. Please waive the reinstatement fee. I am enclosing a check for \$61.25.

Sincerely,



Grady E. Hall
President
Destiny and Dominion, Inc.