

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 FEB 19 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03-1499
1. Corporation Name
DESTINED FOR A CHANGE, INC

300118326659
02/19/08--01032--015 **183.75

REINSTATEMENT 06-08
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #
1809 Phoenix Avenue

3. Mailing Office Address
539 Estes Rd

Suite, Apt. #, etc.
#1

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State
JAX FL

Zip
32206

Country
DUVA1

Zip
32208

Country
DUVA1

4. Date Incorporated or Qualified To Do Business in Florida
02/20/2003

5. FEI Number
11-3671487

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Jacqueline A. Lattimore

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

Suite, Apt. #, Etc.

City
JACKSONVILLE, FL

State
FL

Zip Code
32208

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
Jacqueline A. Lattimore

Date
2/13/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>STY (D)</u>	<u>Jacqueline A. Lattimore</u>	<u>539 Estes Rd</u>	<u>JAX, FL 32208</u>
<u>VP</u>	<u>Lucius Lattimore</u>	<u>539 Estes Rd</u>	<u>JAX FL 32208</u>
<u>Treasurers</u>	<u>Alice Williams</u>	<u>422 W. 63rd St.</u>	<u>JAX FL 32208</u>
<u>Secretary</u>	<u>Awen Higgins</u>	<u>6434 NERBA AVE.</u>	<u>JAX, FLORIDA 32208</u>
	XXXXXXXXXX	XXXXXXXXXX	JAX FL 32206

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 contained in Chapter 119, 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
Jacqueline A. Lattimore / Jacqueline A. Lattimore
Date
2/13/08
Daytime Phone #
358-3906

2/20