

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003083

FILED
Oct 08, 2007
Secretary of State

Entity Name: HIGHER OCTAVE "TOOLS FOR LIVING" (ALLIANCE OF DIVINE LOVE) INC.

Current Principal Place of Business:

710 S PINE ST
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

710 S PINE ST
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-1130325 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANUI-CROY, ANALLIA
710 S PINE ST
LAKE WORTH, FL 33460 US

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.

SIGNATURE: ANALLIA ANUI CROY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ANUI-CROY, ANALLIA
Address: 710 S PINE ST
City-St-Zip: LAKE WORTH, FL 33460

Title: DV () Delete
Name: SOVINSKY, KIMBERLY
Address: 710 S PINE ST
City-St-Zip: LAKE WORTH, FL 33460

Title: DS () Delete
Name: CHIAMPO, DENISE
Address: 710 S PINE ST
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: CHIAMPO, DENISE
Address: 310 S E ST
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANALLIA ANUI CROY

DIRE

10/08/2007

Electronic Signature of Signing Officer or Director

Date