

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

DIVINE DESIGN MINISTRIES INC.

2. Principal Office Address - No P.O. Box #
829 NW 167 STREET

3. Mailing Office Address
3920 SW 185 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIRAMAR, FLORIDA

Zip
33169

Country
USA

Zip
33029

Country
USA

7. Name and Address of Current Registered Agent

Name
TERRY E. PARRETT

Street Address (P.O. Box Number is Not Acceptable)
3920 SW 185 AVE

Suite, Apt. #, Etc.

City
MIRAMAR

State
FL

Zip Code
33029

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

REGISTERED AGENT MUST SIGN

Date 11/25/08

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
PRES	TERRY E. PARRETT	3920 SW 185 AVE	MIRAMAR, FL. 33029
VICE	KENIA M. PARRETT	3920 SW 185 AVE	MIRAMAR, FL. 33029
SECR	INA H. PARRETT	150 SW 134 WAY R-210	PEM. PINES, FL. 33027
TREA	DENNIS HARRIGAN	7011 SHAREITH DRIVE	LOUISVILLE, KY. 40228
	REINSTATEMENT	06-08	<u>TC 12/03</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/08 954-322-2395
Daytime Phone #