

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -2 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

DIVINE DESIGN MINISTRIES INC.

10/17/06 01040 001 \$70.00

300138378093
12/02/08--01024--014 **122.50

CR2E081 (10/08)

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

4. Date Incorporated or Qualified
To Do Business in Florida 03/09/2005

5. FEI Number
56-2479702

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
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

☒ 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

Terry E. Parrett
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			
2012/03			

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

Date

954-322-2395

Daytime Phone #