

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000007533

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** D.E.E.N DEVELOPMENT CORP.

**Current Principal Place of Business:**

5290-4 NORWOOD AVE  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

5290-4 NORWOOD AVE  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 30-0500543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HENRY, MELINDA  
628 BONAPARTE DR  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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:** MELINDA HENRY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** MS  
**Name:** HENRY, MELINDA EXE DIR  
**Address:** 628 BONAPARTE DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

**Title:** MR.  
**Name:** LOCKET, DARRELL J WELLNES  
**Address:** 628 BONAPARTE DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

**Title:** MS  
**Name:** BUNCHE, MYKEISHA TREASUR  
**Address:** 628 BONAPARTE DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

I hereby 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 all other like empowered.

**SIGNATURE:** MELINDA HENRY

MS

01/26/2010

Electronic Signature of Signing Officer or Director

Date