

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000011291

FILED
Oct 14, 2009
Secretary of State

Entity Name: FLAMBEAU DIVIN INC.

Current Principal Place of Business:

125 SURA BLVD
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

125 SURA BLVD
ORLANDO, FL 32809

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

MIRACLE, LOVENGSKY
125 SURA BLVD
ORLANDO, FL 32809 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: LOVENGSKY MIRACLE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIRACLE, LOVENGSKY
Address: 125 SURA BLVD
City-St-Zip: ORLANDO, FL 32809

Title: VP () Delete
Name: ULYSSE, ENA
Address: 125 SURA BLVD
City-St-Zip: ORLANDO, FL 32809

Title: DS () Delete
Name: GRACIA, JOHNNY
Address: 125 SURA BLVD
City-St-Zip: ORLANDO, FL 32809

Title: D (X) Delete
Name: GEORGE, JEANKY
Address: 125 SURA BLVD
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: VOLTAIRE, MICHELET
Address: 125 SURA BLVD
City-St-Zip: ORLANDO, FL 32809

Title: T () Delete
Name: HARRIGAN, EDNA
Address: 125 SURA BLVD
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIRACLE, LOVENGSKY
Address: 125 SURA BLVD
City-St-Zip: ORLANDO, FL 32809

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

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

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

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

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: LOVENGSKY MIRACLE

P

10/14/2009

Electronic Signature of Signing Officer or Director

Date