

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004544

1. Corporation Name

Destiny Human Services Corporation

2. Principal Office Address

6075 SW 64th Street

Suite, Apt. #, etc.

City & State

South Miami

Zip

33143

Country

USA

3. Mailing Office Address

6075 SW 64th Street

Suite, Apt. #, etc.

City & State

South Miami

Zip

33143

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/22/95

5. FEI Number

65-0616513

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-05

7. Name and Address of Current Registered Agent

Name

Emanuel Whipple

Street Address (P.O. Box Number is Not Acceptable)

6075 SW 64th Street

Suite, Apt. #, Etc.

City

South Miami

State
FL

Zip Code

33143

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**

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REGISTERED AGENT MUST SIGN

Date 2-23-05

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
D	Emanuel Whipple	6075 SW 64th Street	South Miami, FL 33143
D	Nathaniel Wilcox	180 NE 19th Street	Miami, FL 33132
D	Sheldon Vickers	15600 SW 103rd Street	Miami, FL 33157
D	Johnny Price	6400 SW 60th Avenue	South Miami, FL 33143
D	Thomas Ballard	11107 SW 200th Street	Miami, FL 33157

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 under section 119.07(3)(i), 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:

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Emanuel Whipple

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/05

Daytime Phone #

305-667-3696

CR2E081 (01/05)