

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005401

1. Corporation Name

DEVINE INTERVENTION, INC.

2. Principal Office Address - No P.O. Box #
4798 N.W. 41ST COURT

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

Zip

33319

Country

United States

3. Mailing Office Address

4798 N.W. 41ST COURT

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, Florida

Zip

33319

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1999

5. FEI Number
65-1018541

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

James Whorley

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

4798 N.W. 41st Court

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State

FL

Zip Code

33319

☒ 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

REGISTERED AGENT MUST SIGN

Date 11/12/2009

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
P	James Whorley	4798 N.W. 41st Court	LAUDERDALE LAKES, FL 33319
VP	victoria White	7449 N.W. 49th Court	LAUDERHILL, FL 33319
S	Ora Whorley	4798 N.W. 41st Court	LAUDERDALE LAKES, FL 33319

10. E-mail Address: whorley@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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: ☒

President

11/12/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #