

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -5 AM 10:17

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000007026**

1. Corporation Name

**Destiny Institute
Institute**

03-23-07 01004 004 \$328.75

REINSTATEMENT 04-07

Reinstatement Fee waived
due to clerical error. The 2003
Filing was not recorded properly.
CR2E081 (1/07) 03-23-07

2. Principal Office Address - No P.O. Box #

1970 E. Osceola Pkwy STE 192

Suite, Apt. #, etc.

192

3. Mailing Office Address

W07-14456

Suite, Apt. #, etc.

City & State

Kissimmee, Fla.

City & State

Zip

34742

Country

Osceola

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

NOV. 29, 1999

5. FEI Number

650973334

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

Dewey L Wilkerson Jr.

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

731 Green Ct.

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34759

☐ 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

Dewey L Wilkerson Jr.

REGISTERED AGENT MUST SIGN

Date

4/2/07

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. | Dewey L Wilkerson Jr | 731 Green Ct | Kissimmee, Fla. 34759 |
| Dir. | Valerie M. Wilkerson | 731 Green Ct. | Kissimmee, Fla. 34759 |
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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

Dewey L. Wilkerson Jr

Date

4/2/07

Daytime Phone #

(407) 870-1594