

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 22 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000007026**

1. Corporation Name

**DESTINY INSTITUTE, INC.**

Principal Place of Business

1970 E. OSCEOLA PARKWAY  
SUITE 192  
KISSIMMEE FL 34743

Mailing Address

1970 E. OSCEOLA PARKWAY  
SUITE 192  
KISSIMMEE FL 34743

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/1999

5. FEI Number

65-0973334

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4                       |
|---------------|---|--|---|
| PD            | WILKERSON, DEWEY JR.                      | 861 N.W. 197TH TERR.                                   | MIAMI FL 33169                                |
| VD            | DENSON, ALONZO L                          | 2232 E. MORELOS  | CHANDLER AZ 85225                             |
| TD            | MAIDEN, MELANIE                           | 6759 S. OGLESBY  | CHICAGO IL 60649                              |
| SD            | ROBERTS, LESLIE DR.                       | 11011 S.W. 140TH ST.                                   | MIAMI FL 33176                                |
|               |   |  | 600010430376<br>01/22/03--01087--008 **297.50 |

8. Name and Address of Current Registered Agent

WILKERSON, VALERIE  
861 N.W. 197TH TERR.  
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name

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

1728 Bentley Blvd

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Valerie Wilkerson

REGISTERED AGENT MUST SIGN

Date 1/17/2003

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 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:

Dewey L. Wilkerson Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2003  
Date

Daytime Phone #