

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 14 PM 2:26

DOCUMENT # *P01000116437*

1. Corporation Name

A DIVINE DESIGN, INC.

2. Principal Office Address

5 CURVED CREEK WAY

3. Mailing Office Address

5 CURVED CREEK WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

Zip

32174

Country

VOLUSIA

Zip

32174

Country

VOLUSIA

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/2001

5. FEI Number

02-0552643

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KATHY LIEDTKE

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

5 CURVED CREEK WAY

Suite, Apt. #, Etc.

City

ORMOND BEACH

State
FL

Zip Code

32174

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

Date

REGISTERED AGENT MUST SIGN

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
<i>PRESIDENT</i>	<i>KATHY LIEDTKE</i>	<i>5 CURVED CREEK WAY,</i>	<i>ORMOND BEACH, FL 32174</i>

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

Kathleen Liedtke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

386-947-0500

Daytime Phone #

CR2001 (10/02)



February 17, 2003

From: A Divine Design, Inc.
5 Curved Creek Way
Ormond Beach, FL 32174
P01000116437

To: FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: CORPORATE REINSTATEMENT

We like to ask for reinstatement of our corporation P01000116437 based on the fact that we mailed twice address changes to your office, and as a result of this not happening, we never received the previous uniform business report for filing. We thank you in advance for your assistance. We enclosed a check for the amount of \$300.00, for the Year 2002 and 2003. If you have any additional questions, please feel free to contact me direct.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Liedtke".

Kathy Liedtke
President



November 25, 2002

From: A Divine Design, Inc.
5 Curved Creek Way
Ormond Beach, FL 32174
P01000116437

To: FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: CORPORATE MAILING ADDRESS CHANGE.

Please be advised, that the corporation, P01000116437, A Divine Design, Inc., changed the address from 400B Fentress Blvd., Daytona Beach, Florida 32114 to the new address:

5 Curved Creek Way, Ormond Beach, FL 32174

Thank you in advance for making the change.

If you have any additional questions, please feel free to contact us at the new address listed above.

Sincerely,

Kathy Liedtke
President