

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 AUG 16 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000089315

1. Corporation Name

DEVENISH, INC.

2. Principal Office Address

7380 West Sand Lake Road

Suite, Apt. #, etc.

Apt. 500

City & State

Orlando, Florida

Zip

32819

Country

USA

3. Mailing Office Address

7380 West Sand Lake Road

Suite, Apt. #, etc.

Apt. 500

City & State

Orlando, Florida

Zip

32819

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/2002

5. FEI Number

XX

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-09

**7. Name and Address of Current Registered Agent**

Name

PAUL B. BERNSTEIN

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

215 NORTH EOLA DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32801

600040223928

08/16/04--01079--014 \*\*\$10.00

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

PAUL B. BERNSTEIN REGISTERED AGENT MUST SIGN

Date 8/13/04

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	BURKE, JOHN J.	73 DEVENISH ROAD KIMMAGE	DUBLIN, 122, IRELAND

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. BURKE, DIRECTOR

8/13/04

Date

Daytime Phone #

CR2E081 (07/04)