page for

## ~ 2008 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Nam DIVINE V	E VISUAL & SYSTEM CORP.				SECRETARY OF STATE DIVISION OF CORPORATIONS  08 APR 30 PM 12: 14		
Principal Plac 1175 NE 12: SUITE 219 N MIAMI, FL	STH STREET 33161	Malling Address 1331 NE 147TH STREET SUITE 201 N MIAMI, FL 33161		05)6	3/07 900	35 042 Jsv	
2. Principal Place of Business - No P.O. Box # 3. Maiting Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.				747 04242008	REIN-P CR		
Vilva & State Nilvami Beh				4. FEI Numb 45-048		Applied For Not Applicable	
Zip 33	6. Name and Address of Current R	<sup>Zip</sup> 33/62		of Status Desired	\$8.75 Additional Fee Required		
KELLY, SUZETTE A					Address of New Registere	e // L	
				Address (P.O. Box Number is Not Acceptable)			
N MIAMI, FL 33161					7 Strut		
City Miami Beach FL 2023/3/69							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, type of printed name of registered agent and title ingoplicable. (NOTE: Registered Agent signature required when retrestating)  DATE							
FILE NOW!!! FEE IS \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10.	OFFICERS AND D	Delete	11.	ADDITIONS	CHANGES TO OFFICERS A		
NAME	KELLY, SUZETTE A	L.i Desete	NAME	04. A/E 1	17th d	Change Addition	
STREET ADDRESS CITY-ST-ZIP	N MIAMI, FL 33161		STREET ADDRESS CITY-ST-ZIP	MMiami	Bch FZ	33162	
TITLE NAME	VP GOD, GOD G	☐ Detete	TITLE NAME	OLINIE 1	17#-1/2 of	Change Addition	
STREET ADDRESS CITY-ST-ZIP	1331 NE 147TH N MIAMI, FL 33161		STREET ADDRESS CITY-ST-ZIP	VM10 00	RIFI	33162	
TITLE	I WILLIAMI, FE 33101	☐ Delete	TITLE	NIMANI	1 130h, 72	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	04/30	70126958 708-003-008	470 **150.00	
TITLE NAME		☐ Delete	TITLE Name			☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP		R	3/1/01	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	Reinsta	itement 02	Addition Addition	
CITY-ST-ZIP			CITY-ST-ZIP				
NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
of the cor changed	poration or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and that my s wered to execute this report as i ith all other like empoyinged.	required by Cha	pter 607, Florida Statute	es; and that my name appear	s in Block 10 or Block 11 if	

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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

I was in the process of renewing our corporation and found that it was dissolved without any notice to us as well as our check was never returned to us. After speaking with an individual from your office we were told that we can renew it so please fine enclosed our check and annual report. We have only included a check for \$150.00 due to the fact that the department has a \$150.00 credit for us from last year. If there should be any question or concerns please do not hesitate to call our office.

Thanks in advance for your help in resolving this matter.

Sincerely

Suzette A. Kelly

President 04/24/08