

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000032598

Entity Name: DIVINE CAR CARE, INC

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

2773 10TH AVE N.
102
PALM SPRINGS, FL 33461 US

New Principal Place of Business:

1524 15TH LN
GREENACRES, FL 33463 US

Current Mailing Address:

2773 10TH AVE N.
102
PALM SPRINGS, FL 33461 US

New Mailing Address:

1524 15TH LN
GREENACRES, FL 33463 US

FEI Number: 57-1156203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZAR, MANSOUR
2773 10TH AVE N.
102
PALM SPRINGS, FL 33461 US

Name and Address of New Registered Agent:

AZAR, MANSOUR
1524 15TH LN
GREENACRES, FL 33463 US

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.

SIGNATURE: MA

01/10/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: AZAR, MANSOUR
Address: 2773 10TH AVE N. APT #102
City-St-Zip: PALM SPRINGS, FL 33461

Title: P () Delete
Name: AZAR, CHRISTINE A
Address: 2773 10TH AVE N. APT #102
City-St-Zip: PALM SPRINGS, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: AZAR, MANSOUR
Address: 1524 15TH LN
City-St-Zip: GREENCRES, FL 33463

Title: P (X) Change () Addition
Name: AZAR, CHRISTINE A
Address: 1524 15TH LN
City-St-Zip: GREENACRES, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MA

VP

01/10/2006

Electronic Signature of Signing Officer or Director

Date