

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**07 AUG -7 AM 7:48**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000071866

1. Corporation Name

**JUST FOR DIVAS, INC**

**REINSTATEMENT 04-07**

2. Principal Office Address - No P.O. Box #

622 NORTH PINE HILLS RD

Suite, Apt. #, etc.

3. Mailing Office Address

1113 N. PINE HILLS RD.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/2003

5. FEI Number

14-1889089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

ANTONIO PHILLIPS, JR

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

1113 NORTH PINE HILLS ROAD

Suite, Apt. #, Etc.

City  
ORLANDO

State  
FL

Zip Code  
32808-7125

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Signature of Antonio Phillips, Jr.]*

Date 08-02-2007

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
PSTD	PHILLIPS, ANTONIO	8801 SCENIC VISTA COURT	ORLANDO, FLORIDA 32818
VPD	PHILLIPS, ASHANTI	622 NORTH PINE HILLS ROAD	ORLANDO, FLORIDA 32808

700107438557  
08/07/07--01021--008 \*\*750.00

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 contained in Chapter 119, 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 of Antonio Phillips, Jr.]*

PSTD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/2/07

407-860-0373

Daytime Phone #