

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR 26 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000139326

1. Corporation Name

Divintus Misericordia Legacy Consulting Corp.

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

8201 Southwest 165 Terrace

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

Palmetto Bay, FL

City & State

Zip

33157

Country

USA

Zip

Country

**REINSTATEMENT 05-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/24/03

5. FEI Number

200520187

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  
Mayra Alfonso Parlapiano

Street Address (P.O. Box Number is Not Acceptable)  
8201 Southwest 165 Terrace

Suite, Apt. #, Etc.

City  
Palmetto Bay

State

FL

Zip Code

33157

☐ 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

*Mayra Alfonso Parlapiano*

Date 03/14/07

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
Pres	Mayra Alfonso Parlapiano	8201 Southwest 165 Terrace	Palmetto Bay, FL 33157
			100095798541 04/04/07--01029--023 **1050.00
			100095798541 04/04/07--01029--024 **8.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

Date

Daytime Phone #

203/69