1/2

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000121924

1. Entity Name
DIVINE SHEPPHERD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 29 PM 4:39

Principal Place of Business	Mailing Address
8201 SW 10TH STREET NORTH LAUDERDALE, FL 33068	8201 SW 10TH STREET NORTH LAUDERDALE, FL 33068

12202005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
8201 SW 10th Street	8201 SW 10th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Lauderdale FL	City & State: N. Lauderdale FL
Zip: 33068 Country:	Zip: 33068 Country: U.S.A.

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALI, NOZAIRE 8201 SW 10TH STREET NORTH LAUDERDALE, FL 33068	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

300062470243
12/29/05--01024--009 **200.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALI, NOZAIRE 8201 SW 10TH STREET NORTH LAUDERDALE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OPERATION - SUPERVISER KENDRIC J. PETITE 13431 NW 3RD ST. PLANTATION FL 33325	☐ Change ☑ Addition SS# 267-85-4140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NORMA-M- ALI VICE P.D SS#	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Nozaire Ali 12-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/29

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NOZAIRE ALI
DIVINE Shepphard
8201 SW 19th Street
N. Lauderdale FL 33068

toWhom it's may Be Concern. this note is to notify that the Business Was Close for period of time. I Went to haiti on 04-02-05 I Was not aBle to come Back. until 07-15-05. there for. I am asking for mercy and grace to Be. EXtended for this Bill. toBe Cut in half. please in Closed is a copy of the Evidence that I Been away from the state.

truly your Servant Nozaire Ali