PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 FEB -5 AM 8:14

CR2E081 (11/10)

DOCUMENT # P05000087987

1. Corporation Name

Divine Designs By Diane Incorporated

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10039 S Forestline Ave.	18101 SW 94 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Inverness, Fl.	City & State: Dunnellon, Fl.
Zip: 34452 Country: USA	Zip: 34432 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida
Twenty-first day of June, 2005

5. FEI Number: 20-3015458 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Diane E. Penuel
Street Address (P.O. Box Number is Not Acceptable): 18101 SW 94 St.
Suite, Apt. #, Etc.:
City: Dunnellon State: FL Zip Code: 34432

200268009692
02/05/15--01025--024 **158.75

200268009692
01/05/15--01028--019 **900.00

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: Diane E. Penuel Date: 12/31/2014
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
President	Diane E. Penuel	18101 SW 94 St.	Dunnellon, Fl. 34432
Vice President	James D. Penuel	18101 SW 94 St.	Dunnellon, Fl. 34432

10. **E-mail Address:** dianepenuel@gmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Diane E. Penuel 12/31/2014 352-422-7572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON