2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000155322

JOSEPH, JEÀN CLAUDE

2629 DORENA DR.

ORLANDO, FL 32819

Name: Address:

City-St-Zip:

FILED Nov 13, 2007 Secretary of State

Entity Name: ORLANDO DIVINE INVESTMENTS INC. **Current Principal Place of Business: New Principal Place of Business:** 301 SNOWSHOE CT. ORLANDO, FL 32835 **Current Mailing Address: New Mailing Address:** 301 SNOWSHOE CT ORLANDO, FL 32835 FEI Number: 33-1155553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: A1A REGISTERED AGENT INC AUDATE, AMECILIA 668 N.PINE HILLS RD 92 SADBERRY ROAD QUINCY, FL 32351 US ORLANDO, FL, FL 32808 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: AMECILIA AUDATE 11/13/2007 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition AMBROISE, YVES Name: Name: 301 SNOWSHOE CT. Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: Title: () Delete () Change () Addition ST FLEUR, ST PIERRE Name: Name: 13018 YARDSLY CT. Address: Address: ORLANDO, FL 32837 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition ANDRE, JOCELYNE Name: Name: 7415 RADIANT CR Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: YVES AMBROISE D 11/13/2007