

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000042032

Entity Name: DIVINITY CARE, INC.

FILED
Oct 13, 2009
Secretary of State

Current Principal Place of Business:

9818 BERNWOOD PLACE DR #108
FORT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

9818 BERNWOOD PLACE DR #108
FORT MYERS, FL 33966

New Mailing Address:

FEI Number: 20-8798022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCFADDEN, CONSTANCE
9818 BERNWOOD PLACE DR #108
FORT MYERS, FL 33966 US

Name and Address of New Registered Agent:

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: CONSTANCE MCFADDEN

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:

Title: PCEO () Delete
Name: MCFADDEN, CONSTANCE
Address: 1632 NW 11TH CIRCLE
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: MCFADDEN, CONSTANCE
Address: 1632 NW 11TH CIRCLE
City-St-Zip: POMPANO BEACH, FL 33069

Title: VTD () Delete
Name: JOHNSON, LAMEKA
Address: 1632 NW 11TH CIRCLE
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CONSTANCE MCFADDEN

V

10/13/2009

Electronic Signature of Signing Officer or Director

Date