

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION .
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000120534

1. Corporation Name

Destiny Cleaning and Sanitorial
Services,
Inc

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

7127 Earwood Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 322

Suite, Apt. #, etc.

City & State

Tangerine, FL

Zip Country

32777 Orange

City & State

Tangerine, FL

Zip Country

32777 Orange

7. Name and Address of Current Registered Agent

Name

Patrice Stephenson

Street Address (P.O. Box Number is Not Acceptable)

7127 Earwood Ave

Suite, Apt. #, Etc.

City

Tangerine

State

FL

Zip Code

32777

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

Patrice Stephenson

REGISTERED AGENT MUST SIGN

Date 10/11/09

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.	<u>Patrice Stephenson</u>	<u>PO Box 322</u>	<u>Tangerine, FL 32777</u>
Sec.	<u>Patricia Kentish</u>	<u>864 10th Ave North</u>	<u>St. Petersburg, FL 33701</u>
Tres	<u>Vareese Calhoun</u>	<u>P.O. Box 322</u>	<u>Tangerine, FL 32777</u>

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:

Patrice Stephenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/09

Date

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 15 AM 8:55

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10/15/09--01033--007 **308.75

KS

REINSTATEMENT 08-09

4. Date Incorporated or Qualified To Do Business in Florida

11/5/2007

5. FEI Number

26-1344143

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.