

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000014093

FILED
Oct 01, 2009
Secretary of State

Entity Name: DIVINE ENTERPRISES, INC. OF JACKSONVILLE (JAX)

Current Principal Place of Business:

6648 AUTUMN BLUFF LANE
JACKSONVILLE, FL 32222 US

New Principal Place of Business:

5310-9 LENOX AVENUE
JACKSONVILLE, FL 32205 US

Current Mailing Address:

P.O. BOX 2098
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, FAITH B
6648 AUTUMN BLUFF LANE
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

SMITH, FAITH B
5310-9 LENOX AVENUE
JACKSONVILLE, FL 32205 US

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: FAITH B. SMITH

10/01/2009

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: P () Delete
Name: SMITH, FAITH B
Address: 6648 AUTUMN BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: VP () Delete
Name: WADE, CATHY M
Address: 6648 AUTUMN BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32222 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, FAITH B
Address: 5310-9 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: VP (X) Change () Addition
Name: WADE, CATHY M
Address: 5310-9 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32205 US

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: FAITH B. SMITH

P

10/01/2009

Electronic Signature of Signing Officer or Director

Date