

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000059285

**FILED**  
**Apr 15, 2014**  
**Secretary of State**

**Entity Name:** DIVINE VISION SUPPORT SERVICES INC

**Current Principal Place of Business:**

1010 E. ADAMS ST.  
SUITE 227  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

1010 E. ADAMS ST.  
SUITE 134  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

1010 E. ADAMS ST.  
SUITE 227  
JACKSONVILLE, FL 32202

**New Mailing Address:**

6114 REGIMENT DR.  
JACKSONVILLE, FL 32277 UN

**FEI Number:** 45-0579366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARRETT, CARRIE L  
6114 REGIMENT DR  
JACKSONVILLE, FL 32277 US

**Name and Address of New Registered Agent:**

GARRETT, CARRIE L PRES  
6114 REGIMENT DR.  
JACKSONVILLE, FL 32277 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: CARRIE L. GARRETT

04/15/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIRE  
Name: GARRETT, CARRIE L  
Address: 6114 REGIMENT DR.  
City-St-Zip: JACKSONVILLE, FL 32277

I hereby 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 all other like empowered.

SIGNATURE: CARRIE L. GARRETT

PRES

04/15/2014

Electronic Signature of Signing Officer or Director

Date