

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
.Katheline Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 22 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P990000094877

1. Corporation Name

Divorce Recovery International, Inc.

2. Principal Office Address

100 W. Cypress Creek Rd
Suite/Apt. #, etc.

930

City & State

Ft Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/99

5. FEI Number

65-0972175

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Beverly L. Vesel

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

100 W. Cypress Creek Rd

Suite/Apt. #, Etc.

930

City

Ft LAUD

State

FL

Zip Code

33309

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *1/12/01*

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
<i>Pres/ Sec</i>	<i>Beverly L. Vesel</i>	<i>100 W. Cypress Creek Rd Suite 930 Ft Laud, FL</i>	<i>Ft Laud, FL 33309</i>

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 under section 119.07(3)(i), 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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly L. Vesel

Date

1/12/01

Daytime Phone #

(954) 771-6210

CR2E081 (9/99)