

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 21 AM 9:31

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-07
CR2E081 (1/07)

DOCUMENT # N02000000882

1. Corporation Name
24-Seven Youth Development
Network, Inc.

2. Principal Office Address - No P.O. Box #
7561 NW 14 St.
Suite, Apt. #, etc.

3. Mailing Office Address
7561 NW 14 St.
Suite, Apt. #, etc.

City & State
Plantation FL. Plantation FL
Zip Country Zip Country
33313 USA 33313 USA

4. Date Incorporated or Qualified
To Do Business in Florida 09-19-2003
5. FEI Number 26-1089677
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Sylvia C. Carroll
Street Address (P.O. Box Number is Not Acceptable)
5024 Chardonnay Drive
Suite, Apt. #, Etc.
City State Zip Code
Coral Springs FL 33067

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.

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 Sylvia Carroll Date 9-18-07
REGISTERED AGENT MUST SIGN

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
D	Dr. Denise St. Patrick	1460 NW 126 Ave Sunrise - FL -	Sunrise FL 33323
CD	Sylvia C. Carroll	5024 Chardonnay Drive	Coral Springs FL 33067
USD	Norman Showers	4305 NE 67th Way	Coral Springs FL 33067
TD	Rev. Wayne Lomax	1900 N. University Dr. # 208	Pembroke Pines FL 33024
	\$79/25		500109980445 09/25/07--01035--015 **306.25

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: Sylvia Carroll 9-18-07 954-232-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #