

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2007
Secretary of State

DOCUMENT# N06000003151

Entity Name: SAVE THE ARTS YOUTH FOUNDATION, INC.

Current Principal Place of Business:

18912 NW 57TH AVE #204
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

18912 NW 57TH AVE #204
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 20-4565960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLIDAY, DEANA A
17760 NW 2ND AVENUE STE 100
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

NICKERSON, JIMMY L VP
18912 NW 57TH AVENUE
204
MIAMI, FL 33015 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: JIMMY NICKERSON

10/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLANDERS, LAMONT
Address: 18912 NW 57TH AVE #204
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: NICKERSON, JIMMY
Address: 18912 NW 57TH AVE #204
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: BROWN, CHARLIE
Address: 7707 SHAKAZAD BLVD
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: REID, NATALIE
Address: 1100 NW 185TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: SCOTT, SHERRILYN
Address: 3800 NW 203RD STREET
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMY NICKERSON

D

10/10/2007

Electronic Signature of Signing Officer or Director

Date