PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 20 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23117

1. Corporation Name
Highlands County Family Y.M.C.A., Inc

400021032614
06/20/03--01040--009 **51.25

REINSTATEMENT 02-03

2. Principal Office Address	**3.** Mailing Office Address
100 YMCA Lane	100 YMCA Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring	City & State: Sebring
Zip: 33875 Country: USA	Zip: 33875 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 10/22/87

5. FEI Number 59-2859656 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: J. Michael Suaine

Street Address (P.O. Box Number is Not Acceptable): 425 S. Commerce Ave

400021032614
06/20/03--01040--010 **246.25

Suite, Apt. #, Etc.:

City: Sebring State: FL Zip Code: 33870

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: _____ Date: 6/16/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres	Charles Taylor	P.O.Box 267	Avon Park, FL 33826
VPres	Tres Stephenson	S.I.R. 113 Midway Dr	Sebring, FL 33870
Sec	Trudy Benton	1901 US Highway 27 S.	Sebring FL 33870
Treas	John Shoop	2600 US Highway 27N	Sebring, FL 33870

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: _____ John Shoop 6/9/03 863 385-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #