

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N38242**

1. Corporation Name

ORANGE COUNTY MIGRANT YOUTH ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MARSHA JOHNSON
 434 N. TAMPA AVENUE
 ORLANDO FL 32805
 US

1998 PALM LANE
 ORLANDO FL 32803
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/21/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3038148

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WALDEN, EDDYE K.	3470 DOMI-FITZ COURT	ORLANDO FL
D	JOHNSON, MARSHA L	5507 WESTVIEW DR.	ORLANDO FL
D	HERNANDEZ, MARIE R	1998 PALM LANE	ORLANDO FL
P	FREEMAN, CONEY III	7313 SEENA CT	ORLANDO FL
			000008792960 11/04/02--01114--004 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CHRISTOPHER, JOSEPH S.
 445 WEST AMELIA STREET
 ORLANDO FL 32801~~

Retired!

Name

Marie Hernandez

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

1998 Palm Lane

Suite, Apt. #, Etc.

City
 Orlando

State
 FL

Zip Code

32803

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Marie Hernandez
 SIGNATURE REQUIRED
 Marie R. Hernandez
 REGISTERED AGENT MUST SIGN

Date 10-30-02

11. 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

Marie R. Hernandez
 SIGNATURE REQUIRED
 Marie R. Hernandez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-02

Date

(407) 246-7060
 EX 4813

Daytime Phone #