

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -9 PM 5:03

DOCUMENT # N50295

1. Corporation Name

SOUTH DADE YOUTH AWARENESS CENTER, INC.

Principal Place of Business

Mailing Address

11960 SOUTHWEST 173RD STREET
MIAMI FL 33177

11960 SOUTHWEST 173RD STREET
MIAMI FL 33177



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1992

5. FEI Number

65-0345340

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City & State 4
C	JEFFERSON, JOHNNY	9500 S.W. 180 STREET	MIAMI FL 33157
T	FERGURSON, CHARLES	11960 S.W. 173 STREET	MIAMI FL 33177
ED	FERGUSON, BETTIE M	11960 S.W. 173 ST.	MIAMI FL 33177
SCD	HOPE, JOHN C SR.	20954 S.W. 85TH PASSAGE	MIAMI FL 33189

8. Name and Address of Current Registered Agent

FERGUSON, BETTIE
11960 SOUTHWEST 173RD STREET
MIAMI FL 33177

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Bettie M. Ferguson

REGISTERED AGENT MUST SIGN

Date

01/07/02

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:

Bettie M. Ferguson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/07/02 (305)253-0229

Daytime Phone #

CR2ED40 (8/01)