PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

~~ - DIVISION OF CORPORATIONS

N50295 DOCUMENT

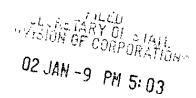
1. Corporation Name

SOUTH DADE YOUTH AWARENESS CENTER, INC.

| Principal Place of Business | | | | | | | | | | |
|-----------------------------|-----------|-------|--------|--|--|--|--|--|--|--|
| 11960 | SOUTHWEST | 173RD | STREET | | | | | | | |

Mailing Address

11960 SOUTHWEST 173RD STREET MIAMI FL 33177



| MIAMI FL 33177 MIA | | MIAMI FL 331 | MIAMI FL 33177 | | | | | | | |
|---|--------------------|---|------------------------------------|--|--|----------------|--------------------------|--|--|--|
| If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili Suite, Apt. #, etc. Suite, Apt. #, | | | ling Office Address, If Applicable | | 4. Date Incorp | | 5/06/1992 Applied For | | | |
| City & State City & Sta | | City & State |) | | ļ. | 65-0345340 | Not Applicable | | | |
| Zip Country Zip | | , i | Country | | 6. CERTIFICATE OF STATUS DESIRED S8.75 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 COULD 4 r 93139 | | | | | | | | | | |
| Title(s) Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | | ****236¢23Sta*****236.25 | | | | | |
| С | 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 | | | | | |
| | | | . | <u></u> | | | 101 | | | |
| | | · + | | | · · · · · · · · · · · · · · · · · · · | | \$11/17 | | | |
| 8. Name and Address of Current Registered Age | | | ent | t 9. Name and Address of New Registered Agent | | | Agent | | | |
| | | | | | Name | | | | | |
| FERGUSON, BETTIE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 11960 SOUTHWEST 173RD STREET | | | | Suite, Apt. #, Etc | | | | | | |
| MIAMI FL 33177 | | | | | | | | | | |
| | | 11/2 | | | City | | Sta F i | | | |
| 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 Better M Serguson 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 filling | | | | | | | | | | |

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.