

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002740

1. Corporation Name

YOUTH CHALLENGE OF MIAMI, INC.

Principal Place of Business

950 S. MIAMI AVE.
MIAMI FL 33130

Mailing Address

950 S. MIAMI AVE.
MIAMI FL 33130

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

2. New Principal Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

05/22/1996

5. FEI Number

65-0669084

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	DE ASSIS OLIVEIRA, FRANCISCO	950 S. MIAMI AVE.	MIAMI FL 33130
VSD	PIMENTA, HERCULES R	950 S. MIAMI AVE.	MIAMI FL 33130
SD	DOS SANTOS, CLOVIS B	950 S. MIAMI AVE.	MIAMI FL 33130

400002356744-5
-11/25/97-0154-0171
****245.00 ****245.00

8. Name and Address of Current Registered Agent

DE ASSIS OLIVEIRA, FRANCISCO
950 S. MIAMI AVE.
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name FRANCISCO DE ASSIS OLIVEIRA
Street Address (P.O. Box Number is Not Acceptable)
950 S. MIAMI AVE
Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33130

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

Francisco de Assis Oliveira

REGISTERED AGENT MUST SIGN

Date

10/23/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Francisco de Assis Oliveira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/97 (305) 5308448

Date

Daytime Phone #

FILED

97 NOV 20 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

CR2E040 (9/97)