Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION FOR [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

#165755

FILED
00 NOV -3 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002992

1. Corporation Name

GROWING INVOLVEMENT FOR TEENS, INC.

Principal Place of Business	Mailing Address
10561 S.W. 67 COURT OCALA FL 34476	10561 S.W. 67 COURT OCALA FL 34476

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

4. Date Incorporated or Qualified To Do Business in Florida: 05/14/1999

5. FEI Number: 65-0956429 ☐ 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 / Zip 4
D	~~ZANDMEN~~, MARC D ZANDMAN	~~10711 S.W. 40 MANOR~~ 10561 SW 67 CT	~~DAVIE FL 33328~~ Ocala 34476
D	~~ZANDMEN~~, ANITA DIANE ZANDMAN	~~10711 S.W. 40 MANOR~~ 10561 SW 67 CT	~~DAVIE FL 33328~~ Ocala 34476
D	HARDEN, ROBERT D	~~10711 S.W. 40 MANOR~~ 10561 SW 67 CT	~~DAVIE FL 33328~~ Ocala 34476
D	Lydia Forrest	8310 SW ~~33rd~~ 44 CT	Davie, FL 33328
D	Teri Harden	580 SW 48 LN	Ocala, FL 34474

08/24/00 9000 ODS 6125

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ZANDMAN ~~ZANDMEN~~, ANITA DIANE ~~10711 S.W. 40 MANOR~~ 10561 SW 67 CT ~~DAVIE FL 33328~~ Ocala 34476	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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: Anita D Zandman Date: _____
REGISTERED AGENT MUST SIGN

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: Anita D Zandman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — *Date* — *Daytime Phone #*

This was already paid
for in August! Form was
returned for lack of signature
~~Date~~ We never received
returned form.

Please reinstate