

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -4 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49000006522

1. Corporation Name

Orlando Youth Enrichment Program

2. Principal Office Address

1700 Woodbury Rd

Suite, Apt. #, etc.

203

City & State

Orlando, FL

Zip

32828

Country

USA

3. Mailing Office Address

1242 12472 Lake Underhill Rd.

Suite, Apt. #, etc.

257

City & State

Orlando, FL

Zip

32828

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-22-99

5. FEI Number

593614965

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Walter F. Gibson

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

12472 Lake Underhill Rd. #

Suite, Apt. #, Etc.

257

City

Orlando

State

FL

Zip Code

32828

700039863157

08/04/04 01012 001 **542.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Walter Gibson

REGISTERED AGENT MUST SIGN

Date

7-23-04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	<u>Walter Gibson</u>	<u>1700 woodbury Rd Apt 203</u>	<u>Orlando, FL 32828</u>
V. Pres	<u>Walter Gibson</u>	<u>Same as above</u>	<u>Same as above</u>
Secr.	<u>Walter Gibson</u>	<u>Same as above</u>	<u>Same as above</u>

10. 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:

Walter Gibson

Walter Gibson

7-23-04

321-2879390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)