

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

99 OCT 25 PM 5:46

DOCUMENT # N96000001351

1. Corporation Name

SANCTUARY YOUTH CENTER, INC.

Principal Place of Business

541 S FLORIDA AVE
LAKELAND FL 33801
US

Mailing Address

PO BOX 322
LAKELAND FL 33802

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
124 W. MAIN ST.
City & State
LAKELAND, FL
Zip
33801 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/05/1996

5. FEI Number

59-3374369

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	WRIGHT, BRUCE	4434 6TH AVE NORTH	ST PETERSBURG FL 33713
D	COLLINGSWORTH, DAVID	739 E GARDEN ST	LAKELAND FL 33805
D	BARTON, MATTHEW J	10508 GEORGE SMITH RD	LITHIA FL 33547
D	BARTON, MARK W	10508 GEORGE SMITH RD	LITHIA FL 33547
D	BARTON, DEBRA L	10508 GEORGE SMITH RD	LITHIA FL 33547
D	SOULE, CHRIS	PO BOX 25 N/A	MULBERRY FL 33880

8. Name and Address of Current Registered Agent

BARTON, MARK W
10508 GEORGE SMITH ROAD
LITHIA FL 33547

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
700003033367--1
Suite, Apt. #, Etc.
-11/03/99--01003--002
City
***236.25 State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date 10-19-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK W. BARTON

Date

Daytime Phone #

10-19-99 737-2809

CR2E040 (6/99)