

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

03 FEB -6 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005340

1. Corporation Name

FUTURE VISIONS Youth Development, Inc

2. Principal Office Address

2424 N. FED HWY

3. Mailing Office Address

P.O. Box 204

Suite, Apt. #, etc.

SUITE 460

Suite, Apt. #, etc.

City & State

BOCA RATON FLA

City & State

W. ROCKPORT, ME

Zip

33437

Country

USA

Zip

04865

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0702168

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

CORPORATE CREATIONS Network Inc.

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

941 Fourth Street, Suite 200

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date 2/3/03.

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
Chairman	Rick Retamar Atty.	2424 NORTH FEDERAL HWY BOCA RATON SUITE 460	BOCA RATON FLA 33437
D	Dr. LAURENCE LAMPERT	7035 S. BERACASA WAY	BOCA RATON FLA 33433
D	Charles F. STEVENS	4686 GREEN BROOKWOOD Dr.	JACKSONVILLE, FLA 32257
D	BRUCE JOSEPH	1535 Palm Bch. LAKES SFB. 1400 BLVD.	West Palm Bch. FLA 33401
Pres. Director	Deborah S. Miller	P.O. BOX 204	West Rockport Me 04865

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

Date

Daytime Phone #

CR2031 (3/01)

2/2/03

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Future Visions Youth Development Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 183.75 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: _____

Name: _____

Tamé Baez

Title: _____

Asst. Secretary

Date: _____

2/4/03