

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR -6 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716601

1. Corporation Name
Fort Meade Dixie Youth, Inc.

2. Principal Office Address 975 N. Edgewood Dr. Suite, Apt. #, etc.	3. Mailing Office Address P.O. Box 781 Suite, Apt. #, etc.
City & State Ft. Meade FL	City & State Ft. Meade FL
Zip 33841	Country U.S.A

REINSTATEMENT 04-06
CR2E08T (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 1969

5. FEI Number 592494102 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 Candice Lott

Street Address (P.O. Box Number is Not Acceptable) 2440 Patty Lane

Suite, Apt. #, Etc.

City Ft. Meade State FL Zip Code 33841

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03/15/06--0109--007 **387.50

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 Candice Lott REGISTERED AGENT MUST SIGN Date 2/27/06

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
P/D	Daryl Gargus	104 SE 2nd St.	Ft. Meade / FL / 33841
T/D	Sherry Barton	1050 Mt. Pisgah	Ft. Meade / FL / 33841
S/D	Candice Lott	2440 Patty Ln	Ft. Meade / FL / 33841
V/D	Danny Southwell	614 Dixon St. E	Ft. Meade / FL / 33841
D	Wilma Gibson	3650 Mt. Pisgah	Ft. Meade / FL / 33841
D	Tim Pawley	915 S. Oak Ave	Ft. Meade / FL / 33841

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 contained in Chapter 119, 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: Daryl Gargus Daryl Gargus 2/27/06 863-428-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #