PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR -8 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725616

1. Corporation Name
ANTIOCH YOUTH ACTIVITIES, INC.

Principal Place of Business
8604 FRANKLIN RD
PLANT CITY FL 33565

Mailing Address
PO BOX 210
SEFFNER, FL 33583

REINSTATEMENT 98-99

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
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 2-19-73

5. FEI Number: 59-2863410 | 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	JOEY HERRING (D)	3639 Sumner Rd. Dover Fla. 33527	Dover Fla. 33527
D	Debra Whitmore (D)	6516 IKE SMITH RD Plant City, Fl. 33565	Plant City, FL. 33565
D	Becki Cullins (D)	6402 N. Fletcher Rd.	Plant City, Fl 33565
D	MIKE HALL (D)	4105 N. CORK RD	PLANT CITY, FL 33565
D	Rodney G. Hunter (D)	12607 Rockridge Cir Thonotosassa Fla	Thonotosassa Fla 33592

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****297.50 ****297.50

8. Name and Address of Current Registered Agent
DEBRA WHITMORE
6516 IKE SMITH RD
PLANT CITY, FL 33565

9. Name and Address of New Registered Agent
Name: MIKE HALL
Street Address (P.O. Box Number is Not Acceptable): 4105 CORK RD
Suite, Apt #, Etc
City: PLANT CITY, FL 33565 | State: FL | Zip Code

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: [signature] REGISTERED AGENT MUST SIGN | Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 3/18/99 Date | 813 754 7339 Daytime Phone #

CR2E081 (12-98)