

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748787

1. Corporation Name

Southwest Youth Activities Association, Inc.

2. Principal Office Address

7740 SW 73 Place

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33143

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00.05

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

September 4, 1979

5. FEI Number

591948977

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

Sonia Estape

Street Address (P.O. Box Number is Not Acceptable)
7740 SW 73 Place

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33143

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

Sonia Estape

Date 05/23/05

REGISTERED AGENT MUST SIGN

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
T	Sonia Estape	7740 SW 73 Place	Miami, Florida 33143
P	Ricardo Estape	7740 SW 73 Place	Miami, Florida 33143
M	Lori Hill	11890 SW 18 Terrace, #106	Miami, Florida 33175

800055568188
06/01/05--01015--002 **551.25

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:

Sonia Estape

Sonia Estape

05/23/05

305-898-5146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)