

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **759136**

1. Corporation Name

YOUTH OF BEACHES ARTS GUILD, INC.

04 FEB -4 AM 11:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 50275
 JACKSONVILLE BEACH FL 32240

P.O. BOX 50275
 JACKSONVILLE BEACH FL 32240



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/13/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5: FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HULETT, JUDY Jennifer Hendry	1505 SELVA MARINA DR 13695 Covington Ck Dr.	ATLANTIC BEACH FL Jax, FL 32224
VP	RICHARDS, MARY ELLEN Patricia Bradshaw	10454 STONE RD 1100 Seagate Ave.	JACKSONVILLE FL 32240 Neptune Beach, FL 32246
T	HENDRY, JENNIFER David GARD	13695 COVINGTON CREK DR 2158 Birchbark Dr.	JACKSONVILLE FL 32240 32245

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HULETT, JUDY 1505 SELVA MARINA DR. ATLANTIC BEACH FL 32233	Jennifer Hendry	Name	Jennifer Hendry
		Street Address (P.O. Box Number is Not Acceptable)	13695 Covington Ck. Dr.
		Suite, Apt. #, Etc.	
		City	Jacksonville
		State	FL
		Zip Code	32224

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. or 617.0505, F.S.

Signature of Registered Agent: Jennifer Hendry REGISTERED AGENT MUST SIGN Date: 1-24-04

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)(l), 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: Jennifer Hendry SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Jennifer Hendry 1-24-04 Daytime Phone: 904-426-3151

CR2E040 (7/03)