

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR 30 PM 12:36

DOCUMENT # F04000005791

1. Corporation Name

Xposure Youth Foundation, Inc

2. Principal Office Address - No P.O. Box #  
1838 Cumberland Valley Pl

3. Mailing Office Address  
1838 Cumberland Valley Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Smyrna, GA

City & State  
Smyrna

Zip  
30080

Country  
Cobb

Zip  
GA

Country  
30080

500154875985  
04/30/09--01022--014 \*\*183.75

**REINSTATEMENT** 07-09ks

4. Date Incorporated or Qualified  
To Do Business in Florida 10/8/2004

5. FEI Number  
36-4492031

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  
LaTonda James

Street Address (P.O. Box Number is Not Acceptable)  
1420 NW 138 St

Suite, Apt. #, Etc.

City  
Miami,

State  
FL

Zip Code  
33167

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*LaTonda James*

REGISTERED AGENT MUST SIGN

Date 4/27/09

**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	Autumn Burton	164 Village Trace	Woodstock, GA 30188
V-P	Staci Taylor-Rhodes	416 Orchard Walk	Stone Mountain, GA 30087
T	Acillen Watts	4545 River Pkwy 7-H	Atlanta, GA 30339
ED	LaTonda James	1838 Cumberland Valley Pl	Smyrna, GA 30080

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:

*LaTonda James* - LA TONDA JAMES 4/27/09 357-1750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #