

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 SEP 23 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N000000 9983

1. Corporation Name

Community Expressive Art Youth Group Inc

2. Principal Office Address - No P.O. Box #

14240 SW 106 Ct

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

Miami

City & State

Zip

33176

Country

US

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

9-11-00

5. FEI Number

65-1039648

☐ 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

Gloria A Williams

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

14240 SW 106 Ct

Suite, Apt. #, Etc

Miami Fla

City

State

FL

Zip Code

33176

700212480867  
09/23/11-01046--012 \*\*358.75

700212480867  
09/23/11-01046--013 \*\*8.75

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

*Gloria A. Williams*

REGISTERED AGENT MUST SIGN

Date

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
Director	Gloria Angel Williams	14240 SW 106 Ct	Miami, FL 33176
			B 9/23/11
			REINSTATEMENT 09-11

10. E-mail Address: Williams 9559 @ ATT.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Gloria Angel Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #