

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 16 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002000

1. Corporation Name

Family & Youth Help Center, Inc.

REINSTATEMENT 08-10

000175183170
04/09/10--01034--015 **183.75

REINSTATEMENT 08-10

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

3261 NW 172nd Terr

Suite, Apt. #, etc.

3. Mailing Office Address

3261 NW 172nd Terr

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

City & State

Miami Gardens, FL

Zip

33056

Country

Dade

Zip

33056

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida 3/19/2001

5. FEI Number
03-0442422

☐ 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

Clyde B. Glover

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

3261 NW 172nd Terrace

Suite, Apt. #, Etc.

☒ 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.

City

Miami Gardens

State

FL

Zip Code

33056

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

Date 3/30/10

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
Pres	Clyde B. Glover	3261 NW 172nd Terr	Miami Gardens, FL 33056
VP	Sherri Lockett	1015 Wilmington St.	Opa Locka, FL 33054
ST	Carol Cooper	17500 NW 9th PI	Opa Locka, FL 33056

24/19

10. E-mail Address: fdsllc@msn.com

(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., 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.

SIGNATURE:

Clyde B. Glover
Clyde B. Glover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/10

Date

305-815-1269

Daytime Phone #