

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. #236,25

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01000004115

1. Corporation Name

PROJECT YOUTH CARE INC.

Principal Place of Business

Mailing Address

3530 SE HAWTHORNE RD.  
GAINESVILLE FL 32641

3530 SE HAWTHORNE RD.  
GAINESVILLE FL 32641

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

United States

Zip

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

06/13/2001

5. FEI Number

59-3725542

Applied For

Not Applicable

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
PD	Joseph Rentz, Sr.	3530 SE Hawthorne Rd	Gainesville, FL 32641
D	Marilyn Lane	3530 SE Hawthorne Rd	Gainesville, FL 32641
PD	Lorene Rentz	3530 SE Hawthorne Rd	Gainesville, FL 32641

8. Name and Address of Current Registered Agent

HOWARD, LAWRENCE  
3530 SE HAWTHORNE RD.  
GAINESVILLE FL 32641

9. Name and Address of New Registered Agent

Name Joseph Rentz, Sr.  
Street Address (P.O. Box Number is Not Acceptable)  
3530 SE Hawthorne Road  
Suite, Apt. #, Etc.  
City Gainesville  
State FL Zip Code 32641

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

*Joseph Rentz, Sr.*

REGISTERED AGENT MUST SIGN

Date

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)(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:

*Joseph Rentz, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-380-9000

Daytime Phone #

FILED

02 DEC 13 PM 3:06

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2002



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12/10/02--01014--021 \*\*236.25