

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01000004332

1. Corporation Name

**Positive Habitat Aspiring Teens, Inc.**

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

2501 Shoma Drive

Suite, Apt. #, etc.

City & State

Royal Palm Beach

Zip

33414

Country

USA

3. Mailing Office Address

2501 Shoma Drive

Suite, Apt. #, etc.

City & State

Royal Palm Beach

Zip

33414

Country

USA

7. Name and Address of Current Registered Agent

Name

Valerie Jackson

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

2501 Shoma Drive

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33414

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

REGISTERED AGENT MUST SIGN

Date 3/20/10

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
C/D	Emanuel Ridgeway	5446 Oakbranch Dr.	Lake Worth, FL 33463
M	James S. Jackson	2501 Shoma Drive	Royal Palm Beach, FL 33414
D	Charles Ross	2501 Shoma Drive	Royal Palm Beach, FL 33414
D	Adrienne Howard	1220 15th Street	West Palm Beach, FL 33401
D	Anthony G. Birchette	5840 Corporate Way, Suite 101	West Palm Beach FL 33407
D	Cara Abaldo	2501 Shoma Drive	Royal Palm Beach, FL 33414

10. E-mail Address: valerie@phateens.org

(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:

James S. Jackson

3/20/2010

561-792-2402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 10 4M 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-10

000171754720  
03/10/10--01028--023 \*\*428.75  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida 06/20/2001

5. FEI Number  
65-1125122

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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.

003/11