

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

132

FILED

02 DEC 23 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005067

1. Corporation Name

CARRABELLE YOUTH P.R.I.D.E., INC.

Principal Place of Business

POST OFFICE BOX 645
CARRABELLE FL 32322

Mailing Address

POST OFFICE BOX 645
CARRABELLE FL 32322



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
P.O. Box 52

City & State
Carrabelle, FL

Zip
32322

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
P.O. Box 52

City & State
Carrabelle, FL

Zip
32322

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/2001

5. FEI Number

☒ 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
Pres.	Tammi Hardy	301 N.W. Avenue D Carrabelle, FL	Carrabelle, FL 32322
Sec. / Tres.	Jennifer Edwards	166 Alabama St.	Lanark, FL 32322
V. Pres	Lisa Carroll	435 River Rd.	Carrabelle, FL 32322

300009632953
12/23/02--01039--002 **\$1.25

8. Name and Address of Current Registered Agent

WATKINS, STEVE M III
325 JOHN KNOX ROAD
THE ATRIUM SUITE 106
TALLAHASSEE FL 32303

215 Delta Court

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/18/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tammi Hardy, Pres.

10-21-02

Date

850-
697-2886
Daytime Phone #

2 3²

STEVE M. WATKINS, III

ATTORNEY AT LAW

215 Delta Court

Tallahassee, Florida 32303

(850) 523-0550 Telephone

(850) 523-0553 Facsimile

E-Mail watkinslaw@electro-net.com

Carrabelle Office:

Post Office Box H

Carrabelle, FL 32322

(850) 697-4000 Telephone

December 18, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

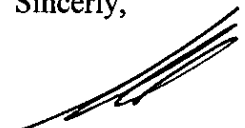
RE: Carrabelle Youth P.R.I.D.E., Inc.

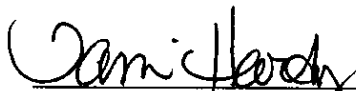
Dear Sir or Madam:

Please find enclosed Application for Reinstatement and a check in the amount of \$61.25 for the filing fee. We did not receive the prior two UBR notices and are requesting the penalty be waived.

Thank you for your attention to this matter.

Sincerely,


Steve M. Watkins, III
Registered Agent


Tammi Hardy, President

SMW/bms

Enclosures