

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 26 PM 5:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000005677**

1. Corporation Name

**VOLUSIA YOUTH, INC.**

Principal Place of Business

750 HOWLAND BOULEVARD  
DELTONA FL 32738

Mailing Address

750 HOWLAND BOULEVARD  
DELTONA FL 32738

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

2. New Principal Office Address, If Applicable

1272 PINE SONG DR  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1272 PINE SONG DR  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/06/2001

5. FEI Number

59-3753365

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HARBAUGH, CARL RAY	1272 PINE SONG DRIVE	DELTONA FL 32725
D	MORROW, GINA	337 PROVIDENCE BOULEVARD	DELTONA FL 32725
D	PERKINS, DAWN MARIE DENUYER, TODD	3167 BLANIE CIRCLE 750 HOWLAND BLVD	DELTONA FL 32738
D	KIRALY, MICHAEL ALLEN BISCHOFF, LAURA	133 HERON BAY CIRCLE 520 MANATEE SPGS CRT	LAKE MARY FL 32748 ORANGE CITY, FL 32763

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11/27/02--01108--011 \*\*236.25

8. Name and Address of Current Registered Agent

BOOKER, KIM C  
170 BLOXHAM AVENUE  
ORANGE CITY FL 32763

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

*KC Booker*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/18/02

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:

*KC Booker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02  
Date

Daytime Phone #

CR2E040 (8/02)