

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 15 AM 10:07

DOCUMENT # N01000006684

**1. Corporation Name**

Youth Development Centers, Inc

**2. Principal Office Address**

4050 NW 42 Ave

Suite, Apt. #, etc.

# 318

City & State

Lauderdale Lakes FL

Zip

33319

Country

U-S-A

**3. Mailing Office Address**

4050 NW 42 Ave

Suite, Apt. #, etc.

318

City & State

Lauderdale Lakes FL

Zip

33319

Country

U-S-A

REINSTATEMENT

02-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

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

WinFred THOMPkins

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

4050 NW 42 Ave

Suite, Apt. #, Etc.

318

City

Lauderdale Lakes FL

State

FL

Zip Code

33319

**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

WinFred Thompson

REGISTERED AGENT MUST SIGN

Date

12-13-05

**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
CD	WinFred THOMPkins	4050 NW 42 Ave #318	Lauderdale Lakes FL 33319
SD	TROY THOMPkins	1421 NW 2 street	DANIA Beach FL 33004
TD	Kelvin THOMPkins	4590 NW 41 street	Lauderdale Lakes FL 33319

400062205664  
12/19/05--01051 803 \*\*245.00

**10. 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:**

WinFred Thompson  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-05

Date

Daytime Phone #

954-739-6826

2 of 2

To whom it may concern/ wave of fees Doc #N01000006684

I'm writing this letter concerning the non-profit corporation  
Youth Development Centers. Inc we had a change of address in 2002  
We never received the yearly (UBR) for 2002-05

I contacted the Florida Department of State/ Division of Corporations  
And they told me to send in \$245 to reinstate the corp.

Thanks W. J. Hyl