

PLEASE READ-ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

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

FILED

03 JUL -7 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N010000007817

1. Corporation Name

TEEN CRIME PREVENTION ACADEMY OF CENTRAL FL, INC.

2. Principal Office Address 5500 WESTBURY DR Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 585917 Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32808	Country USA	Zip 32858	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/1/2001	
5. FEI Number 5 59-3753027	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee Required for a Certificate of Status</small>	

7. Name and Address of Current Registered Agent

Name MAURICE ROBINSON		700021338777	
Street Address (P.O. Box Number is Not Acceptable)		07/07/03--01029--001 **122.50	
Suite, Apt. #, Etc.			
1801 E COLONIAL DR #108			
City ORLANDO,	State FL	Zip Code 32803	

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		Date	6/13/2003
REGISTERED AGENT MUST SIGN			

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 / Street / Zip
PD	SEARS, TIA	5500 WESTBURY DR	ORLANDO, FL 32808
D	FAWBUSH, SHAWN	PO BOX 585917	ORLANDO, FL 32858
SD	HOUSTON, LINDA	PO BOX 585917	ORLANDO, FL 32858
D	MAYLOR, MOSES	PO BOX 585917	ORLANDO, FL 32858
D	ROBINSON, MAURICE	1801 E COLONIAL DR	ORLANDO, FL 32858

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:		Date	6/13/03	Daytime Phone #	407 216 2095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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