PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
1-29-02-90009-024-615
03 JUN 16 AM 10:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N01000008057

1. Corporation Name

F T. King youth Center, Inc.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
2901 S.W. 12th St.	2901 S.W. 12th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State
Zip: 34471 Country: Marion	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11-14-2001

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: Ben Adams

Street Address (P.O. Box Number is Not Acceptable): 2901 S. W. 12th St.

100020822941
06/13/03--01057--004 **235.25

Suite, Apt. #, Etc.:

City: Ocala State: FL Zip Code: 34471

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: Ben Adams
REGISTERED AGENT MUST SIGN

Date: June 10, 2003

CR2E081 (10/02)

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
DP	Ben Adams	2901 S.W. 12th St	Ocala, FL 34471
DV	Sherriatta Prince	7312 W. ft. King	Ocala, FL 34475
DST	Geleaner Harvey	2901 S.W. 12th St	Ocala, FL 3447

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: Ben Adams 6-10-03 352 361-5919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 6/16