

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*payable*



APPLICATION FOR REINSTATEMENT

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

FILED

02 NOV 21 AM 10:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N01000008461**

1. Corporation Name  
**YOUTH ACHIEVING AND SUCCEEDING INC.**

Principal Place of Business  
**813 N.W. 6 AVENUE 420 NW 5<sup>th</sup> AVE.**  
**FLORIDA CITY FL 33034**

Mailing Address  
**813 N.W. 6 AVENUE P.O. Box 900685**  
**FLORIDA CITY FL 33034 Homestead, Fla**  
**33030**



200008637442  
 10/28/02--01128--008 \*\*51.25

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

2. New Principal Office Address, If Applicable  
**420 NW 5<sup>th</sup> AVE.**

3. New Mailing Office Address, If Applicable  
**P.O. Box 900685**

4. Date Incorporated or Qualified To Do Business in Florida  
**09/20/2001**

City & State  
**FLORIDA CITY**

City & State  
**Homestead Fla**

5. FEI Number  
**88-0006023**

Applied For  
 Not Applicable

Zip  
**33034** Country  
**USA**

Zip  
**33030** Country  
**USA**

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	Patricia Mellerson	224 Washington AVE	Homestead, Fla 33030
VP-D	Darin Baldwin	404 West Palm Dr.	FLA. City FLA 33034
T-D	Christina Garrison	28300 SW 152 <sup>nd</sup> AVE	Homestead, Fla 33033
S-D	Wendy Fernandez	1313 SW 13 <sup>th</sup> Court	Miami, Fla 33145
D	Steve Harris	P.O. Box 901350	Homestead, Fla 33090
D	Timothy Milton	813 NW 6 <sup>th</sup> AVE	FLA. City FLA. 33034

8. Name and Address of Current Registered Agent  
**HOLLOWAY, SHAMEKA'S**  
**966 N.W. 14 ST**  
**FLORIDA CITY FL 33157**

9. Name and Address of New Registered Agent  
 Name **SUSAN S. REYNA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7300**  
 Suite, Apt. #, Etc.  
 City **Homestead** State **FL** Zip Code **33030**

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]* **SIGNATURE REQUIRED** Date 10/23/02  
 REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** Date 10/23/02 Daytime Phone # 305-247-6369  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)



# Youth Achieving and Succeeding

Educating and Serving The Community

*Page 2 of 2*

October 23, 2002

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

RE: Youth Achieving and Succeeding  
EIN #: 88-0006023

To Whom It May Concern:

Please accept this correspondence as a request to waive the reinstatement fee of \$175.00. Request is being made due to the fact that the original annual report form was not received by me. It wasn't until I received the "notice of dissolution" that I became aware that our annual report was overdue.

I am submitting a "reinstatement" application along with our fee of \$61.25. Please let me know if additional information is required. Thank You!

Sincerely,

*Timothy Milton*

Timothy Milton  
Executive Director

C: Susan J. Reyna, Registered Agent