

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -2 PM 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-09
CR2E081 (12/08)

DOCUMENT # N01000008461

1. Corporation Name

YOUTH ACHIEVING AND SUCCEEDING, INC.

2. Principal Office Address - No P.O. Box #

813 N. W. 6TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

813 N. W. 6TH AVENUE

Suite, Apt. #, etc.

City & State

FLORIDA CITY, FL

City & State

FLORIDA CITY, FL

Zip

33034

Country

USA

Zip

33034

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/2001

5. FEI Number

88 - 0006023

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
SHAMEKA HOLLOWAY

Street Address (P.O. Box Number is Not Acceptable)
813 N. W. 6TH AVENUE

Suite, Apt. #, Etc.

City
FLORIDA CITY,

State
FL

Zip Code
33034

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Shameka Holloway
REGISTERED AGENT MUST SIGN

Date JANUARY 27, 2009

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
PD	LINDA FAGIN	813 N. W. 6TH AVENUE	FLORIDA CITY, FL 33034
VPD	ELLA MAYO	813 N. W. 6TH AVENUE	FLORIDA CITY, FL 33034
SD	TAMIKA MANGHAM	813 N. W. 6TH AVENUE	FLORIDA CITY, FL 33034
TD	VANESSA MILTON	813 N. W. 6TH AVENUE	FLORIDA CITY, FL 33034

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 contained in Chapter 119, 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:

Shameka Holloway SHAMEKA HOLLOWAY DIRECTOR

1/27/2009

Date

(305) 316-9323

Daytime Phone #