PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 13 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/10/05--01084--001 **297.50

DOCUMENT # N02000000037

1. Corporation Name: High Springs Youth Services, Inc.

REINSTATEMENT 03-05

2. Principal Office Address	**3.** Mailing Office Address
235 NW 2nd Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: High Springs, FL	City & State
Zip: 32643 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/3/2002

5. FEI Number: 30-0034228 ☐ 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: Amber Hawley 09/17/03 90020 010 #61.25

Street Address (P.O. Box Number is Not Acceptable): 23279 NW 200th Lane

Suite, Apt. #, Etc.:

City: High Springs State: FL Zip Code: 32643

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: 4/11/05
REGISTERED AGENT MUST SIGN

CR2E091 (01/05)

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
Pres.	Jim Gabriel	215 S Main Street	High Springs, FL 32643
Vice Pres.	Sandy Fritz	PO Box 927	High Spring, FL 32655
Sec.	Holly Harden	PO Box 2314	High Spring FL 32655
Treasurer	Susan Torchyn	35 N. Main Street	High Springs, FL 32643
Member at Large	Jessica Hall	PO Box 358	High Springs, FL 32655
Member at Large	Jeanette Peters	PO Box 2076	High Springs, FL 32655

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: _____ Jim Gabriel President 4/11/05 386-454-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #