

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 19 PM 2:24

DOCUMENT # N02000000451

1. Corporation Name

YOUNG FLORIDA VOTE, INC.

Principal Place of Business

Mailing Address

724 NW 52ND ST
MIAMI FL 33127

724 NW 52ND ST
MIAMI FL 33127

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/2002

5. FEI Number

26-0013702

Applied For

Not Applicable

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V/O	Alfred Lawson III	400 N Adams Street Miami, FL 33131	Tallahassee, FL 32301
V/O	Aida Rodriguez	185 SE 14 th Terrace, #804 #208	Miami, FL 33131
V/S	Nancy Pierre-Louis	3706 SW 52nd AVE	Pembroke Park, FL 33023

800031843248
04/05/04--01064--002 **297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MASON, ELORA
724 NW 52ND ST
MIAMI FL 33127

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Elora Mason

REGISTERED AGENT MUST SIGN

Date

3-17-04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04

Date

850-251-5653

Daytime Phone #

CR2E040 (7/03)