

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 SEP 21 AM 9:31

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000882

1. Corporation Name

24-Seven Youth Development  
Network, Inc.

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

7561 NW 14 St.

Suite, Apt. #, etc.

3. Mailing Office Address

7561 NW 14 St.

Suite, Apt. #, etc.

City & State

Plantation FL

Zip

33313

Country

USA

City & State

Plantation FL

Zip

33313

Country

USA

**REINSTATEMENT** 03-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

09-19-2003

5. FEI Number

26-1089677

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

Sylvia C. Carroll

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

5024 Chardonnay Drive

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

☒ 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

Sylvia C. Carroll

REGISTERED AGENT MUST SIGN

Date 9-18-07

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
D	Dr. Denise St. Patrick	1460 NW 126 Ave Sunrise - FL -	Sunrise FL 33323
CD	Sylvia C. Carroll	5024 Chardonnay Drive	Coral Springs FL 33067
USD	Norman Showers	4305 NE 67th Way	Coral Springs FL 33067
TD	Rev. Wayne Lomax	1900 N. University Dr. # 208	Pembroke Pines FL 33024

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:

Sylvia C. Carroll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-07

Date

954-232-4673

Daytime Phone #