

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000001374**

1. Corporation Name

GET READY TEEN, INC.

Principal Place of Business

7645 MAGNOLIA HOMES RD
ORLANDO FL 32808

Mailing Address

7645 MAGNOLIA HOMES RD
ORLANDO FL 32808

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

Date Incorporated or Qualified
To Do Business in Florida

02/25/2002

5. FEI Number

27-0001847

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	SHARPE, ARISA	5506 OAKWAY RD	ORLANDO FL 32808
PD	SHARPE, ALICIA	5506 OAKWAY RD	ORLANDO FL 32808
VD	CHUNG, RENEE	5179 LIGHTHOUSE ROAD	ORLANDO FL 32808

100024706551

11/14/03--01047--012 **\$1.25

8. Name and Address of Current Registered Agent

SHARPE, ARISA
5506 OAKWAY RD
ORLANDO FL 32808

9. Name and Address of New Registered Agent

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/10/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/03

Daytime Phone #

(407) 291-7291

Get Ready Teen, Inc.
7645 Magnolia Homes Road
Orlando, Florida 32810

Website: www.getreadyteen.org

Phone: (407) 291-7291

November 10, 2003

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

To Whom It May Concern:

Enclosed is the application for reinstatement and the appropriate fee of \$61.25 (check # 888)

Get Ready Teen did not receive the initial Uniform Business Report (UBR) notice.

Any further information needed, please contact me at the number below.

Best Regards,



Arisa Sharpe
GRT Director
(407) 291-7291