

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 17 PM 3:27

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *NO20 0000 1972*

1. Corporation Name

youth Adult outreach Inc

500038358605
06/28/04--01067--003 **297.50

2. Principal Office Address

4074 Palm place
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

weston

City & State

Weston FL

Zip

33331

Country

Broward

Zip

Weston FL

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Lucinda J. Orlando

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

4074 Palm place

Suite, Apt. #, Etc.

Weston FL 33331

City

Weston

State
FL

Zip Code

33331

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

Lucinda J. Orlando
REGISTERED AGENT MUST SIGN

Date *06/17/04*

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
<i>D</i>	<i>Lucinda Orlando</i>	<i>4074 Palm place</i>	<i>Weston FL 33331</i>
<i>D</i>	<i>Edward Hazel</i>	<i>1</i>	<i>1</i>
<i>D</i>	<i>Pierre H. Samuel</i>	<i>1</i>	<i>1</i>
<i>D</i>	<i>Nereé Henry Robert</i>	<i>1</i>	<i>1</i>
<i>D</i>	<i>Gerard Large</i>	<i>1</i>	<i>1</i>

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)(f), 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:

Lucinda J. Orlando
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/17/04
Date

Daytime Phone #

CR2E081 (01/04)