

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

08 JUN 27 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 002 00000 4229

## 1. Corporation Name

Teens On The Greens Foundation, Inc.

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

1822 Thornhill Pass SE

Suite, Apt. #, etc.

City &amp; State

Conyers, GA

Zip

30013

Country

## 3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida000133141740  
07/18/08--01040--004 \*\*358.75

## 5. FEI Number

46-0492094

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

Renauld E. Roker C/O Kramer &amp; Assoc, PA

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

890 South Dixie Highway Hwy

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

☐ 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

REGISTERED AGENT MUST SIGN

Date June 20, 2008

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| Pres   | Renauld E. Roker                     | 1822 Thornhill Pass SE                            | Conyers, GA 30013  |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

REINSTATEMENT 06-08<sup>KS</sup>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 20 2008

Daytime Phone #