

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 APR -8 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 1102000005448

**1. Corporation Name**

Elite Youth Program, Inc

**2. Principal Office Address**

104 Day Dr

Suite, Apt. #, etc.

City & State

Sebastian, FL

Zip

32958

Country

USA

**3. Mailing Office Address**

104 Day Dr

Suite, Apt. #, etc.

City & State

Sebastian, FL

Zip

32958

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/18/2002

**5. FEI Number**

820546749

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

300051205453

04/19/05--01044--018 \*\*367.50

**7. Name and Address of Current Registered Agent**

Name

Christopher Gurny

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

5070 n Hwy A1A

Suite, Apt. #, Etc.

Suite B

City

Vero Beach

State

FL

Zip Code

32963

**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

*Christopher Gurny*

Date 4/2/05

REGISTERED AGENT MUST SIGN

**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
Preside	Cindy Pugliese-Gurny	104 Day Dr	Sebastian, FL 32958
Vice Pr	Christopher Gurny	5070 n Hwy A1A	Vero Beach, FL 32963

**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)(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:**

*Cindy Pugliese-Gurny*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/05

Date

772-713-4813

Daytime Phone #

CRZED81 (01/05)