

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 15 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005670

1. Corporation Name

YOUTHPLAY, INC.

Principal Place of Business

Mailing Address

~~6125 TALL PINE DRIVE~~
TALLAHASSEE FL 32303

~~6125 TALL PINE DRIVE~~
TALLAHASSEE FL 32303

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

5627 Lumberjack Ln

5627 Lumberjack Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tallahassee, FL

Tallahassee, FL

City & State

City & State

32303 Leon

32303 U.S.

Zip Country

Zip Country

U.S.

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/2002

5. FEI Number

Applied For

04-3698907

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
D	JAMES, VONDA	3719 STADIUM BLVD. APT# D-11	JONESBORO AR 72404
D	BROWN, MELLISSA	2325 WEST PENSACOLA STREET APT #	TALAHASSEE FL 32304
D	SNEED, TRACY M	1900 FLETCHER STREET	THOMASVILLE GA 31792

600023818246
10/15/03--01051--018 **70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALKER, MARY

~~6125 TALL PINE DRIVE~~ 5627 Lumberjack Ln.
TALLAHASSEE FL 32303

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

Mary Walker
REGISTERED AGENT MUST SIGN

Date 10/13/03

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: Mary Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 850.562.4042
Date Daytime Phone #

CR2ED40 (7/03)

YouthPlay, Inc
5627 Lumberjack Ln.
Tallahassee, FL 32303

October 13, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am writing this letter in responses to the notice I received to dissolve or revoke YouthPlay's corporation status to inactive. This letter is also to inform that I did not receive the two prior uniform business report (UBR) notices.

I am sending the completed application for reinstatement along with the appropriate filing fee, \$61.25 and \$8.75 for a Certificate of Status.

Sincerely Yours,



Mary Walker, CEO

Enclosure: Money Order