

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # N02000008365

1. Corporation Name

TEENS 4 TEENS, INC

2. Principal Office Address

1342 N.W. 188 Terr.

3. Mailing Office Address

1342 N.W. 188 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fla

City & State

Miami, Fla

Zip

33169

Country

USA

Zip

33169

Country

USA

REINSTATEMENT

03-04

MES

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/02

5. FEI Number
611430781

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cheryl Quant

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

1342 NW 188 Terr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 09/26/04

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
D	Cheryl Quant	1342 NW 188 Terr.	Miami, Fl
D	Stephen Quant	1342 NW 188 Terr.	Miami, Fl
D	Maurice Quant	18010 NW 31 Ave.	Miami, Fl

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (305) 652-2411
Date Daytime Phone # Ext 289

CR2E081 (01/04)