## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT 06 JUL 17 FM 1:19 DIVISION OF CORPORATIONS DOCUMENT # NO300000162 TELEVIEL ARE CHECKARE Restoration Community Youth Development Genter 3. Mailing Office Addre 2. Principal Office Address 1430 NW 47 Ave 1430 NW47 Ave Suite, Apt. #, etc. A CREEK LEVEL AY-OV Date Incorporated or Qualifie To Do Business in Florida 5018,03 City & State City & State Coconut Crak FI Coconut Crak A 5. FEI Number Applied For 1345 <sup>Zip</sup> 330*6*3 Broward CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required 33063 Broward for a Certificate of Status 7. Name and Address of Current Registered Agent Name orrell Нч ymond 1100 Street Address (P.O. Box Number is Not Acceptable) Ave **U**) 30 800077971218 07/26/06--01005--015 \*\*18**8**,75 Suite, Apt. #, Etc. City State <u>33068</u> Co const Greek F FL 8. I, being appointed the r named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of **Registered Agent** Date REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zin Anne Hylton 1430 NW 47 Ave Coconat Creek F133063 President Sec Jhittaker 6303 Navajo Terr Morgate fl 33063 yan 2840 Somer Set Dr. Blo M. Apt 309 Landerdala Trea Direct 311 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 narges 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 12.06 SIGNATURE: SIGNATURE AND TIPED OR PROFTED MAKE OF SIGNING OFFICER OR DIRECTOR

**B. Mitchell** JUL 2 0 2006

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RESTORATION COMMUNITY YOUTH DEVELOPMENT CENTER INC.

> 1430 NW 47 Ave Coconut Creek Fl. 33063 Telephone (9540 793-3130

## TO WHOM IT MAY CONCERN

This letter serves to inform you that we have not as of this date received our annual renewal form. This may be due to the fact that we have been going through a transitional period and have change previous address.

We request of you to use your high office to wave the penalty fee and enclose is a check, the sum total of our delinquent annual fees.

Thank you

Yours truly, Worrell Hylton (President)