

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000002519

1. Entity Name
YOUTH MINSTERS OF MAYO, INC.



Principal Place of Business
PO BOX 58
MAYO, FL 32066

Mailing Address
PO BOX 58
MAYO, FL 32066

2. Principal Place of Business - No P.O. Box #
226 NW BLOXHAM St.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Mayo, FL

City & State

Zip
32066

Country

Zip

Country

6. Name and Address of Current Registered Agent

SINGLETARY, TINA
226 NW BLOXHAM
MAYO, FL 32066

4. FEI Number
77-0594847

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **TINA SINGLETARY**

Street Address (P.O. Box Number is Not Acceptable)
226 NW BLOXHAM ST.

City **Mayo** FL Zip Code **32066**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **10/18/07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP PERRY, CHAN 1016 SW CR 320 MAYO, FL 32066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SINGLETARY, TINA P.O. BOX 58 MAYO, FL 32066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/23 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **10/18/07** 386-294-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

07 OCT 22 PM 3:31

CLERK OF STATE
TALLAHASSEE, FLORIDA

07-24-07 90041 026 561.25



REINSTATEMENT
10/18/07 10:18 AM 10/18/07 10:18 AM 10/18/07 10:18 AM 07

Tina B. Singletary, CPA

P.O. Box 58

Mayo, FL 32066

Phone: (386) 294-1040

Fax: (386) 294-1926

Email: cpa@alltel.net

October 18, 2007

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

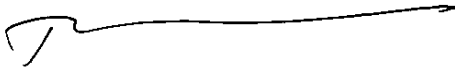
Re: Youth Ministers of Mayo, Inc.
Annual Business Report
Document #N03000002519

To Whom It May Concern:

Please find enclosed a re-signed copy of the Uniform Business Report that was previously sent in. We received the first notice requesting a signature, which we responded to on August 9, 2007. We did not know there was a problem until we received the "Notice of Dissolution or Revocation". Due to the fact we never received further notice, we ask that all penalties be abated.

If you have any questions, please contact me at the above telephone number.

Sincerely,



Tina B. Singletary, CPA

enclosure