

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -2 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO3000002531

1. Corporation Name

Jacksonville Disciples Youth Inc.

2. Principal Office Address

3310 Gladys St.

Suite, Apt. #, etc.

City & State

Jacksonville, FL.

Zip

32209

Country

U.S.

3. Mailing Office Address

P.O. Box 2797

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32203

Country

U.S.

REINSTATEMENT 05-06

4. Date Incorporated or Qualified
To Do Business in Florida

3/19/03

5. FEI Number

13-4235919

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Allen Sheffield

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

3310 Gladys St.

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32209

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

Allen A. Sheffield

Date 10/30/06

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
P	Allen Sheffield	3310 Gladys St.	Jacksonville, FL 32209
V	Wanda Mayes	11520 Tori Ln	Jacksonville, FL 32218
S	Shemika Coleman	10535 Lem Turner Rd 315	Jacksonville, FL 32218

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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 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.

SIGNATURE:

Allen A. Sheffield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/06 (904) 866-0344

Date

Daytime Phone #

K. Eckel NOV 03 2006

JACKSONVILLE DISCIPLES YOUTH INC.

2/2

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

October 30, 2006

Dear Sirs:

This letter is being attached to request that the reinstatement fee be waived due non receipt of the Annual Report notices.

Attached with these documents is the Annual Report Fee for 2005 & 2006 in the amount of 122.50.

If there are any questions regarding this matter you may contact the office at 904-866-0344 or Mrs. Wanda Mayes directly at 904-686-5462.

Thank you,
Allen Sheffield
Allen Sheffield
CEO/President


J.D.Y.I.

P.O. BOX 2797
Jacksonville, FL 32203
Phone: 904-866-0344
E-mail: JDYI@COMCAST.NET