

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**  
**Dec 06, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **N03000002819**

1. Corporation Name

**FREEDOM YOUTH RANCH, INC.**

Principal Place of Business

Mailing Address

6741 W SUNRISE BLVD #8  
PLANTATION FL 33313

6741 W SUNRISE BLVD #8  
PLANTATION FL 33313

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
President	Douglas Morgan	297 Deer Creek Blvd #1308	Deerfield Beach FL 33442
VP	Andrew Morgan	297 Deer Creek Blvd #1308	Deerfield Beach FL 33442
Secy			

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEE, ROBERT

6741 W SUNRISE BLVD #8  
PLANTATION FL 33313

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Deerfield Beach FL

FL

33442

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)