

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -2 AM 9: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005165

1. Corporation Name

FORE Youth, Inc.

2. Principal Office Address

406 Springfield Court

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip
32206

Country
US

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 13, 2003

5. FEI Number

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

Jerome Richardson

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

406 Springfield Court

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32206

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

Jerome Richardson
REGISTERED AGENT MUST SIGN

Date 3-28-06

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
DP	Jerome Richardson	406 Springfield Court	Jacksonville, FL 32206
DS	Audrey Stripling	6728 Champlain Road	Jacksonville, FL 32208
DT	Carrie Harris	5253 Cleveland Road	Jacksonville, FL 32209

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:

Jerome Richardson JEROME Richardson

Date

3-28-06

Daytime Phone #

904-343-0536