PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		1
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 00 DEC 15 PH 12: 20
DOCUMENT # NO300005987 1. Corporation Name Bahamas National Committee		TALLAHASSEE, FLORIDA
for Youth Renewal, Inc.		REINSTATEMENT 100139017711 12/15/0801004019 **191.25 CR2E081 (10/08)
2. Principal Office Address · No P.O. Box # 6505 PlunKett St. 6505 PlunKett St. Suite, Apt. #, etc. 3. Mailing Office Address 6505 PlunKett St. Suite, Apt. #, etc.		
City & State	15/01	4. Date Incorporated or Qualified To Do Business in Florida July 10 2003
	wood, Florida	5. FEI Number Applied For Not Applied For Province State
33023 Country 5. A 3502		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status
7. Name and Address of Current Regist	ered Agent	į
Sharell Ali McIntosh		The reinstatement fee is imposed, except in
Street Address (P.Q. Box Number & Yot Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you
0505 THATKELT CHEE		are certifying the prior notices were not
Suite, Apt. #, Etc.		received and requesting the reinstatement fee be waived.
City Hollywood State State 33023		. lee be walved.
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 Date 15-12-2008 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 / 7in
P Sharell Ali McIntosh	6505 Plunket	+8+ Hollywood, F1.33023
S Lisa Gubson	6505 Plunker	
D Yanna St. Fleur	6505 Plunkett	1 -1 1/1
Doral McTutosh	6505 Plunket	t St. Hollywood, Fl. 33023
D Jane Hopeful White	6505 Aunker	# St. Hollywood Fl. 33023
		<u> </u>
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 filling 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 any signature phall have the same legal effect as if made under oath.		
15-12-2008		
SIGNATURE: SIGNAY ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		