

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 20 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000007864

1. Corporation Name

SAVE THE YOUTH OF AMERICA CENTER, INC.

2. Principal Office Address - No P.O. Box #

405 N MCLAUGHLIN STREET

3. Mailing Office Address

405 N MCLAUGHLIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

City & State

ST AUGUSTINE, FL

Zip

32084

Country

USA

Zip

32084

Country

USA

500162985775
11/20/09--01021--012 **367.50
REINSTATEMENT 04-09

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1998

5. FEI Number

04-3731366

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

ANDREW M MCGLOCKING, SR

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

245 STILLWELL AVENUE (MAIL TO: PO BOX 2623, PALATKA, FL 32178)

Suite, Apt. #, Etc.

City

PALATKA

State

FL

Zip Code

32177

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Andrew M McGlocking Sr.

REGISTERED AGENT MUST SIGN

Date 11/19/2009

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
D	ANDREW M MCGLOCKING, SR	245 STILLWELL AVE	PALATKA, FL 32177
T/V	ALICE MCGLOCKING	245 STILLWELL AVE	PALATKA, FL 32177
P	RADFORD C LETTSOME	400 N MCLAUGHLIN ST	ST AUGUSTINE, FL 32084
S/V	LILLIE R LETTSOME	400 N MCLAUGHLIN ST	ST AUGUSTINE, FL 32084

10. E-mail Address: aleneoconnor@comcast.net

(To be used for future annual report notification)

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. I further certify, 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:

Andrew M McGlocking Sr.

ANDREW M MCGLOCKING SR 11/19/2009 386-326-6192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #