


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 18 PM 2:17

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		DOCUMENT # n04000006589 1. Corporation Name Chosen 1's Youth Foundation Inc.	
2. Principal Office Address - No P.O. Box # 1400 Southwest Rd <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address SAME <small>Suite, Apt. #, etc.</small>		4. Date Incorporated or Qualified To Do Business in Florida 7-1-04	
City & State Sanford, FL		City & State 		5. FEI Number 20-1282698	
Zip 32771	Country US Seminole	Zip 	Country 	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent Name Joseph J. Wiggins Street Address (P.O. Box Number is Not Acceptable) 1400 Southwest Rd Suite, Apt. #, Etc. 				<input checked="" type="checkbox"/> 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.	
City Sanford		State FL	Zip Code 32771		
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 <u><i>Joseph J. Wiggins</i></u> Date <u>2-17-10</u> <small>REGISTERED AGENT MUST SIGN</small>					
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		
Pres	Joseph J. Wiggins	1400 Southwest Rd	Sanford, FL 32771		
VP	Darren Jones	1208 Elm Ave	Sanford, FL 32771		
Sec	Joyce Smith	1615 Strawberry Ave	Sanford, FL 32771		
<div style="position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; font-size: 2em; opacity: 0.5;">REINSTATEMENT</div> <div style="position: absolute; bottom: 0; right: 0; font-size: 2em;">B 3/19/10</div> </div>					
10. E-mail Address: <u>Wiggins.Joseph@yahoo.com</u> <small>(To be used for future annual report notification)</small>					
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: <u><i>Joseph J. Wiggins</i></u> <u>Joseph J. Wiggins</u> Date <u>2-17-10</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					