

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N0400007357

**1. Corporation Name**

Youth Survivors Foundation, Inc.

**2. Principal Office Address**

1110 NW 81 Ter.

Suite, Apt. #, etc.

**City & State**

Plantation, FL

**Zip**  
33322

**Country**  
USA

**3. Mailing Office Address**

P.O. Box 16402

Suite, Apt. #, etc.

**City & State**

Plantation, FL

**Zip**  
33318

**Country**  
USA

**REINSTATEMENT**  
CR2509 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

July 24, 2004

**5. FEI Number**

06-1732191

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$575 Additional Fee required  
for Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Shaheewa Jarrett

**Street Address (P.O. Box Number Is Not Acceptable)**

1110 NW 81 Ter.

Suite, Apt. #, Etc.

**City**

Plantation

**State**  
FL

**Zip Code**  
33322

**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**

*Shaheewa Jarrett*

REGISTERED AGENT MUST SIGN

**Date** 2/1/06

**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
Director	Shaheewa Jarrett	1110 NW 81 Ter.	Plantation, FL 33322
Director	E. Mike Gelin	661 NW 75 Ter.	Plantation, FL 33317
Director	Sidney K. Williams	8485 SW 181 Ter.	Miami, FL 33157

**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:**

*Shaheewa Jarrett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06 305 495 8253  
Date Daytime Phone #



2052  
"Transforming & Transcending"

P.O. Box 16402, Plantation, Florida 33322  
Telephone: 954-723-7977  
[www.ysfi.org](http://www.ysfi.org)

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

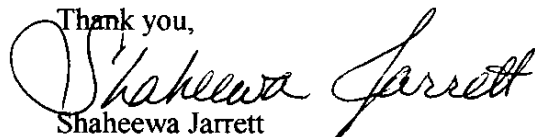
January 31, 2006

Sir/Madam,

The purpose of this letter is to request that the reinstatement fee be waived. A annual report notice was not received by any board member of the registered agent in the state of Florida. Upon filing the application for a trademark/service mark, we were informed that the organization had been administratively closed in September of 2005. Given that fact that notification was not received, we request that the reinstatement fee be waived.

Enclosed please find a check totaling \$70.00 for the annual report fee (for 2005) and for a certificate of status. If you have any concerns or questions, please call 305 495 8252 or you can call the organizations mainline at 954 723 7977.

Thank you,

  
Shaheewa Jarrett  
CEO/President