

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 FEB -2 AM 9:25

DOCUMENT # N04000008150

1. Corporation Name

Martin County Workers  
Martin County Youth Workers Association, INC

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

3003 SW Newberry Ct

3. Mailing Office Address

P.O. Box 265

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Hobe Sound, FL 33475

Zip

34990

Country

USA

Zip

Country

USA

300165774933  
02/02/10--01040--002 \*\*122.50

300165774933

01/12/10--01003--012 \*\*236.25

**REINSTATEMENT** <sup>(09)</sup> 08-10

KS

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct 2004

5. FEI Number

201452275

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.

7. Name and Address of Current Registered Agent

Name

John Terech

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

2700 SW Martin Hwy

Suite, Apt. # Etc.

City

Palm City

State

FL

Zip Code

34990

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

REGISTERED AGENT MUST SIGN

Date 1/27/10

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
Officer of Association	<u>John Terech</u>	<u>2700 SW Martin Highway</u>	
	<u>Palm City, Presbyterians</u>	<u>Palm City, FL 34990</u>	
President	<u>Mark Hubbard</u>	<u>1400 NE Jensen Beach Blvd</u>	
	<u>1st Baptist Jensen Beach</u>	<u>Jensen Beach, FL 34957</u>	
Vice President	<u>Joshua Luecht</u>	<u>1633 SW 34th Street</u>	
	<u>Calvary Chapel Palm City</u>	<u>Palm City, FL 34990</u>	
Treasurer	<u>Donna Barnes</u>	<u>10100 SE Highway One</u>	
	<u>First United Methodist Hobe Sound</u>	<u>Hobe Sound, FL 33455</u>	
Secretary	<u>Chris Baehler</u>	<u>4030 S. Kanner Highway</u>	
	<u>First United Methodist Stuart</u>	<u>Stuart, FL 34997</u>	

10. E-mail Address:

youthministry@furncHS.org or John@palmcitypres.org  
(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:

Donna Barnes Donna Barnes, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/10

Daytime Phone #

772 285 1776