

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011457

**FILED**  
**Oct 22, 2009**  
**Secretary of State**

**Entity Name:** TALLAHASSEE YOUNG ENTREPRENEUR ORGANIZATION INC.

**Current Principal Place of Business:**

1700 CAPITAL CIRCLE SW  
TALLAHASSEE, FL 32310 US

**New Principal Place of Business:**

1979 MARYLAND CIRCLE  
TALLAHASSEE, FL 32303 US

**Current Mailing Address:**

P.O. BOX 697  
MONTICELLO, FL 32345 US

**New Mailing Address:**

1979 MARYLAND CIRCLE  
TALLAHASSEE, FL 32303 US

**FEI Number:** 20-4164971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BESHEARS, HALSEY W  
2191 SOUTH JEFFERSON  
MONTICELLO, FL 32344 US

**Name and Address of New Registered Agent:**

BOYETTE, AARON L  
1979 MARYLAND CIRCLE  
TALLAHASSEE, FL 32303 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AARON L. BOYETTE

10/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARSTOW, DONNIE  
Address: 1700 CAPITAL CIRCLE SW  
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: VP ( ) Delete  
Name: GARDNER, CHAD  
Address: 1480 MARKET STREET  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: TREA ( ) Delete  
Name: BOYETTE, AARON  
Address: 1979 MARLYAND CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: SEC ( ) Delete  
Name: BESHEARS, HALSEY  
Address: 2191 S. JEFFERSON  
City-St-Zip: MONTICELLO, FL 32345 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON L. BOYETTE

TREA

10/22/2009

Electronic Signature of Signing Officer or Director

Date