2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000005354

FILED Dec 23, 2009 Secretary of State

Entity Name: FOUR BROTHERS COMMUNITY YOUTH SERVICES INC.

Current Principal Place of Business: New Principal Place of Business:

2932 SW GIRALDA STLLLL
PORT , ST LUCE, FL
2932 SW GIRALDA STLLLL
PORT , ST LUCE, FL 34952

Current Mailing Address: New Mailing Address:

2932 SW GIRALDA ST PORT , ST LUCE, FL 2932 SW GIRALDA STLLLL PORT , ST LUCE, FL 34952

FEI Number: 06-1785853 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.

US

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

GEORGES, JEANDEL 2932 SW GIRALDA ST PORT, ST LUCIE, FL 34952

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: JEANDEL GEORGES

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 COREY, NEWKIRK
 Name:
 COREY, NEWKIRK

 Address:
 228 LOWELL AVE
 Address:
 2305 NW 8TH CT BLDG 21 APT 1

 City-St-Zip:
 YOUNGSTOWN, OH 44512
 City-St-Zip:
 FORTLAUDERDALE, FL 33311

Title: VP () Delete Title: () Change () Addition

 Name:
 GEORGES, JEANDEL
 Name:

 Address:
 2932 SW GIRALDA STLLLL
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34952
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 GEORGES, JEAN D
 Name:

 Address:
 2932 SW GIRALDA ST.
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34952
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition Name: NEWKIRK, COREY Name: NEWKIRK, COREY

Address: 210 HOLLYWOOD AVE. Address: 2305 NW 8TH CT BLDG 21 APT 1
City-St-Zip: YOUNGSTOWN, OH 44512 City-St-Zip: FORTLAUDERDALE, FL 33311

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: COREY NEWKIRK PD 12/23/2009