

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 JAN 12 PM 12:16

DOCUMENT # **N06000011376**

1. Corporation Name

Education & Athletic Youth Foundation Inc

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

2104 Drive Way

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34746

Country

Osceola

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

200165775102

01/12/10--01003--014 **245.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

11-01-06

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MATTHEW L. HARRIS

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

1800 NW 79th St

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33147

☒ 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.

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

Matthew L. Harris

Date **1-6-10**

REGISTERED AGENT MUST SIGN

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
D	MATTHEW L. HARRIS	1800 NW 79th St	Miami, FL 33147
T	Mal'chand Bain	2591 Oaks Blvd	Kissimmee FL 34746
S	Pruce/ll Revell	1164 NW 75th St	Miami FL 33147

10. E-mail Address: **Matthew@bmlerecords.com**

(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:

Matthew L. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-10 407-466-4659

Daytime Phone #