

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR 25 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO7000005860**

1. Corporation Name

**YOUTH EXCELLING SCHOLASTICALLY
DEVELOPMENT ASSOCIATION, INC.**

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

3086 SEVILLE ST

Suite, Apt. #, etc.

3. Mailing Office Address

3086 SEVILLE ST.

Suite, Apt. #, etc.

City & State

PAHOKEE, FLORIDA

Zip

33476

Country

USA

City & State

PAHOKEE

Zip

33476

Country

USA

400204239644

04/25/11--01053--014 **420.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 8, 2007

5. FEI Number

06-1820976

☐ 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

LORAN G. BARNES SR.

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

1749 E. MAIN ST.

Suite, Apt. #, Etc

137

City

PAHOKEE

State

FL

Zip Code

33476

REINSTATEMENT

08-11B 4/24/11

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

Loran G. Barnes Sr.

Date **4-18-2011**

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
P	Loran G. Barnes Sr.	1749 E. MAIN ST. #137	PAHOKEE, FL 33476
VP	ELVIS HARVEY SR.	350 SE 3rd Ave.	South Bay, FL 33470
T	Aitoria W. Henry	2971 Bacom Point	PAHOKEE, FL 33476
S	Ethel B. Butler	15657 80th Lane N.	LOXAHATCHEE, FL 33493

10. E-mail Address: **yesdaine2008@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE: **Loran G. Barnes Sr. LORAN G. BARNES SR.**

4-18-2011

Date

Daytime Phone # **442-31351**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR