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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 FEB 12 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13000001605

1. Corporation Name

ASCEND INTERNATIONAL YOUTH FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4116 Fitzroy Reef Dr		4116 Fitzroy Reef Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Mims, FL		Mims, FL	
Zip	Country	Zip	Country
32754	United States	32754	United States

CR2E081 (01/10)

4. Date Incorporated or Qualified To Do Business in Florida: 02/18/2013

5. FEI Number: 46-2067848 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: No — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

900269489109

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: Courtney Williams — Asst. Vice President — Date: 02.12.15

REGISTERED AGENT/OFFICER SIGNATURE

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
President	Anthony T. Moseley	4116 Fitzroy Reef Dr	Mims, FL 32754
VP	Rev. Roger Hackenberg	2980 Crystal Court	Titusville, FL 32780
Sec./ Treas.	Sandra L. Cross	6034 Stillwater Ave.	Cocoa, FL 32927

10. E-mail Address: ascend24@outlook.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.817.155, F.S. 321-544-2054

SIGNATURE: Anthony T. Moseley President — 02/05/2015 — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 431298 7740199

AUTHORIZATION :

COST LIMIT : $ 297.50

ORDER DATE : December 22, 2014

ORDER TIME : 3:50 PM

ORDER NO. : 431298-010

CUSTOMER NO: 7740199

DOMESTIC FILINGS

NAME: ASCEND INTERNATIONAL YOUTH FOUNDATION, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____