

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17386

1. Corporation Name

YOUTH ASSOCIATION OF NORTHEAST PENSACOLA, INC.

2. Principal Office Address

555 E. NINE MILE ROAD

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32534

Country

USA

3. Mailing Office Address

PO Box 7033

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32534

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-17-1986

5. FEI Number

59-2929420

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

E.L. Roche

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

8080 BAYWIND CIRCLE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32514

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

E.L. Roche

REGISTERED AGENT MUST SIGN

Date

10/26/00

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/D	BILLY SMITH	5030 SERRY LANE	PACE, FL 32571
V/D	DOUG LAMBERT	7543 LAKESIDE DRIVE	MILTON, FL 32583
S/D	JERRI BARNES	10641 TARA DAWN CIRCLE	PENSACOLA, FL 32534
T/D	BRUCE LOWERY	10940 TARA DAWN CIRCLE	PENSACOLA, FL 32534
D	E.L. Roche	8080 BAYWIND CIRCLE	PENSACOLA, FL 32514

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

E.L. Roche

E.L. ROCHE, DIRECTOR

10/26/00 850-478-0668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)