

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

97 DEC 26 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N26541**

1. Corporation Name **YOUTH DEVELOPMENT FOUNDATION, INC.**

Principal Place of Business

Mailing Address

61 N. Pineapple Ave  
Sarasota, FL 34236

**REINSTATEMENT 1997**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable  
**No Change**

3. New Mailing Address, If Applicable

**200 S. Orange Avenue**

4. Date Incorporated or Qualified  
To Do Business in Florida

**5/23/88**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0072626**

Applied For

Not Applicable

City & State

City & State

**Sarasota, FL**

Zip

Country

Zip

**34236**

Country

**US**

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	Wise, Margaret	4125 Shell Rd.	Sarasota, FL 34242
VD	Githler, Charles	61 N. Pineapple Ave.	Sarasota, FL 34236
VD	Grimes, Michele	200 S. Orange Ave.	Sarasota, FL 34236
TD	Webster, Gail S.	38 Las Brisas Way	Naples, FL 33963
SD	O'Neil, Nancy	4581 Higel Ave.	Sarasota, FL 34242

8. Name and Address of Current Registered Agent

Michele B. Grimes  
200 S. Orange Ave.  
Sarasota, FL 34236

9. Name and Address of New Registered Agent

Name  
**No Change**

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

Suite, Apt. #, Etc.

City

State

Zip Code

**000002385440--9**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of  
Registered Agent

*Michele B. Grimes*

REGISTERED AGENT MUST SIGN

Date

**12/30/97-01034-001**  
**\*\*\*\*236.25 \*\*\*\*236.25**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

*Michele B. Grimes*

Michele B. Grimes VD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **941**

CR2E040 (12/95)