

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N40943

1. Corporation Name

THE YOUNG MOTHER'S LEAGUE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4936
SEMINOLE FL 33772

P.O. BOX 4936
SEMINOLE FL 33772
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or
To Do Business in Florida

5. FEI Number

59-3036530

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	STOVER, DEBBIE SOMERS, JULIA	7936 BAYOU CLUB BLVD 2717 Seville Bl. # 7205	LARGO FL 33772 Clearwater FL 33764
VPD	MEELENT, PAM Nicholls, Robin	9404 123RD WAY W 101 Lake Ave # 205	SEMINOLE FL 33772 Largo FL 33771
TD	HOCHSPRUNG, ANNE DICKSON, MELANIE	6906 143RD ST N 2325 Violet Place	SEMINOLE FL 33776 PALM HARBOR, FL 34685
SD	KIVETT, TARA	98 Harbor Drive	33786 BELLEAIR, BEACH, FL

8. Name and Address of Current Registered Agent

~~STOVER, DEBBIE~~
7936 BAYOU CLUB BLVD
LARGO FL 33772

9. Name and Address of New Registered Agent

Name

Julia Somers

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

2717 Seville Bl.

Suite, Apt. #, Etc.

7205

City

Clearwater

State

FL

Zip Code

33764

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Julia Somers
REGISTERED AGENT MUST SIGN

Date

12-28-00

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julia Somers Julia Somers

Date

12/28/00

Daytime Phone #

X 3207



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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