PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 30 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45093**

1 Corporation Name

EVERGREEN YOUTH FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~1642 BRIDGEWATER DR.~~ ~~HEATHROW FL 32746~~ 770 GREENS AVE WINTER PARK, Fl 32789	~~1642 BRIDGEWATER DR.~~ ~~HEATHROW FL 32746~~ 770 GREENS AVE. WINTER PARK, Fl 32789

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
770 Greens Ave	770 Greens ave.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: WINTER PARK	City & State: WINTER PARK.
Zip: 32789 Country	Zip: 32789 Country

4 Date Incorporated or Qualified To Do Business in Florida: 09/11/1991

5 FEI Number: 59-3105015 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HAMMOND, DONALD W	1642 BRIDGEWATER DR.	HEATHROW FL 32746
VD	CONE, DENNIS	~~511 VIRGINIA DRIVE~~ 770 GREENS AVE.	~~ORLANDO FL~~ WINTER PARK, Fl 32789
SD	GIBSON, FRED	1642 BRIDGEWATER DR.	HEATHROW FL
T	WHITE, GREG CPA	1407 E. ROBINSON	ORLANDO FL 32801

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

~~HAMMOND, DONALD~~
~~1642 BRIDGEWATER DR.~~
~~HEATHROW FL 32746~~

9. Name and Address of New Registered Agent

Name: DENNIS M. CONE 12/30/96
Street Address (P.O. Box Number is Not Acceptable): 770 GREENS AVE.
Suite, Apt. #, Etc.:
City: WINTER PARK State: FL Zip Code: 32789

CR2E040 (7/96)

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: Dennis M Cone REGISTERED AGENT MUST SIGN Date: 12/26/96

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 certify that I am an officer or director of 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: Dennis M Cone.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/26/96 Daytime Phone #: 0-629-2737 407-769-9821 P

0011442 AF