

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N50638

1. Corporation Name

OMEGA YOUTH AND DEVELOPMENT FOUNDATION, INC.

Principal Place of Business

Mailing Address

~~2614 LAKELAND HILLS BLVD~~ 1507 ~~hankland~~
~~SUITE 4 HILLS BLVD SUITE 103~~
LAKELAND FL 33805
US

P O BOX 91492
LAKELAND FL 33804
US



REINSTATEMENT 00

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

51-0223895

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	CARPENTER, MCARTHUR	1339 ROBERT KING HIGH DR	LAKELAND FL 33805
VD	LONGWORTH, LEO	1395 E MAGNOLIA ST	BARTOW FL 33830
TD	HARPER, BOBBY	1100 LOWRY AVE, #65	LAKELAND FL 33801
SD	CORBETT, JEROME	1100 LOWRY AV #65	LAKELAND FL
VPD	JOHNSON, JR, HERMAN D	1016 HEARTLAND CIR	MULBERRY FL 33860

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, JR, HERMAN D
1016 HEARTLAND CIR
MULBERRY FL 33860

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33813

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

REGISTERED AGENT MUST SIGN

Date

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.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #