PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 30 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50786**

1 Corporation Name

DRUG-FREE YOUTH INCENTIVES OF NORTHEAST FLORIDA , INC.

Principal Place of Business	Mailing Address
330 EAST BAY STREET, SUITE 501 JACKSONVILLE FL 32202	330 EAST BAY STREET, SUITE 501 JACKSONVILLE FL 32202

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

REINSTATEMENT 96

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 Qualified To Do Business in Florida: 09/08/1992

5. FEI Number: 59-3145655 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	~~TUCKER, TIM S.~~ COBB, KATHY	~~7077 BONNEVAL RD #410~~ 2250 JOHN PROM BLVD	~~JACKSONVILLE FL 32218~~ JACKSONVILLE, FL 32216
D	~~MITCHELL, ALEX~~ ENNIS, BONITA P	~~11539 BASKERVILLE RD~~ 2164 IVYLGAIL DR W	~~JACKSONVILLE FL~~ JACKSONVILLE, FL 32225
D	~~O'QUINN, FERNE~~	~~11047 LAKE RIDE DR~~	~~JACKSONVILLE FL~~
D	METTE, RICHARD	330 EAST BAY STREET, #501	JACKSONVILLE FL 32202
D	~~FISCHER, JEANNE~~	~~12020 SHEFFIELD RD~~	~~JACKSONVILLE FL~~
			12-31-96

8. Name and Address of Current Registered Agent

METTE, RICHARD
% STATE ATTORNEY'S OFFICE
330 E. BAY STREET, SUITE 501
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name: 800002051858--7
-01/09/97--01014--019
Street Address (P.O. Box Number is Not Acceptable): ****236.25 ****236.25
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

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: Richard Mette SIGNED Date: 12-27-96
REGISTERED AGENT MUST SIGN

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 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: Richard Mette SIGNED 12-27-96 (904)630-2075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

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