

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 20 PM 4:47

DOCUMENT # N50786

1. Entity Name  
DRUG-FREE YOUTH INCENTIVES OF NORTHEAST  
FLORIDA, INC.



Principal Place of Business  
330 EAST BAY STREET, 5TH FLOOR  
JACKSONVILLE, FL 32202

Mailing Address  
330 EAST BAY STREET, 5TH FLOOR  
JACKSONVILLE, FL 32202

REINSTATEMENT 06



2. Principal Place of Business

220 East Bay Street  
Suite, Apt. #, etc.  
11th Floor

3. Mailing Address

330 East Bay Street

10182006 REIN-NP CR2E099 (11/05)

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3145655

Applied For

Not Applicable

Zip

32202

Country

United States

Zip

32202

Country

United States

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOWLES, KATHY  
1701 PRUDENTIAL DR.  
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Richard Mette

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

330 East Bay Street

City

Jacksonville

FL

Zip Code

32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-18-06

FILE NOW!!! FEE IS \$61.25  
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME COBB, KATHY  
STREET ADDRESS 3750 JOHN PROM BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D ☐ Delete  
NAME METTE, RICHARD  
STREET ADDRESS 330 EAST BAY STREET, #501  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D ☐ Delete  
NAME BOWLES, KATHY  
STREET ADDRESS 1701 PRUDENTIAL DR.  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2750 John Prom Boulevard  
CITY-ST-ZIP Jacksonville, Florida 32216

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 330 East Bay Street  
CITY-ST-ZIP Jacksonville, Florida 32202

TITLE ☐ Change ☐ Addition  
NAME 800081083368  
STREET ADDRESS 10/20/06--01065--008 \*\*70.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-06 904-6302025

Date Daytime Phone #