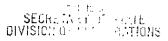
2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N50786

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





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			000 ms				<u>.</u>		
Principal Place of Business 330 EAST BAY STREET, 5TH FLOOR JACKSONVILLE, FL 32202		Mailing Address 330 EAST BAY STREET, JACKSONVILLE, FL 3220			emsta	TEWENT	00) **********	
	lace of Business Sast Bay Street	3. Mailing Address 330 Ract Bay	Mailing Address 30 East Bay Street						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				IN-NP CR2E09	99 (11/05)		
11th City & Stat	Floor	City & State	City & State					pplied For	
Jacks	sonville, Florida	Jacksonville	acksonville, Florida			59-3145655 Not Applicable			
Zip Country Zip Country 5. Certificate of Status Desired X \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
BOWLES,			Richard Mette						
	DENTIAL DR. VILLE, FL 32207		Street A	Street Address (P.O. Box Number is Not Acceptable)					
07.01.001.	· · · · · · · · · · · · · · · · · · ·			330 East Bay Street					
Ci					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 SUMMED AND A SAFETY A									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	LE NOW!!! FEE IS \$61.25 luary 1, 2007, Fee will be \$122.5(In accordance with s. 607.193(2)(b) corporation did not receive the prior						
10.	OFFICERS AND DIR	-i	11.		ADDITIONS/CHANG	ES TO OFFICERS AND DI			
TITLE NAME	D COBB, KATHY	☐ Delete	TITLE NAME				K Change	☐ Addition	
STREET ADDRESS	3750 JOHN PROM BLVD.		STREET ADDRESS	2750 John Prom Boulevard					
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY - ST - ZIP	<u>Ja</u>	cksonvil	le, Florida			
TITLE NAME	D METTE, RICHARD	☐ Delete	TITLE NAME				K Change	☐ Addition	
STREET ADDRESS	330 EAST BAY STREET, #501		STREET ADDRESS		330 East Bay Street Jacksonville, Florida 32202				
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	Jac	cksonvill	e, Florida	32202		
TITLE NAME	D BOWLES, KATHY	☐ Delete	TITLE NAME		200	0810833	Change	Addition	
STREET ADDRESS	1701 PRUDENTIAL DR.		STREET ADDRESS		800081083368 10/20/0601065008 **70.00				
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP						
TITLE NAME		☐ Deletê	TITLE NAME				Change	Addition	
STREET ADDRESS			STREET ADDRESS					Ì	
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					\	
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TIFLE		_		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12. hereby	certify that the information supplied with	this filing does not qualify for	the exemptions of	containe	d in Chapter 119, Fl	orida Statutes. I further ce	rtify that the i	nformation	
indicated on this report or supplemental report is true and occurate and that we 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 emachment with an address, with all other king supplied at the changed of on an emachment with an address, with all other king supplied at the changed of th									
SIGNATURE: 10-18-06 904-630-2075 SIGNATURE: Date Desprise AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Priore #									