## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

DOC	UMENT	· #	N51251					j	1	97 FEB 2	i tita I	יטין	<b>"</b>
1. Corporation Name								SECRETARY OF STATE TALLAHASSEE FLORIDA					
WILLIE B. JACKSON YOUTH FOUNDATION, INC.								•	TÄLLÄHÄ	issee f	LOKII	JA 	
Principal Place of Business Mailing Address								1					
3355_Green_Street							REINSTATEMENT						
Jacksonville, FL-32205								I THAN I WEEKER!					
If above a	addresses are i	ncorrect i	in any way, line thr	ough incorrect i	nformation a	nd ente	r correction below.			DO NOT WE	ATC RITE IN THIS S		3-97
	incipal Office A		Applicable O Park F	3. New Mail	ing Address	lf Appli	icable	Date Incorporated or Qualified     To Do Business in Florida					
Suite, Apt.		ine c c	O TAIN I	Suite, Apt. #	etc.			10/16/92					
Suite	#106_			City & State				5. PETNUT	nuer			7	Applied For
-	Raton	FI.	33433	Ony & State				6.			66		Not Applicable
Zip 334			ISA	Zip		Coun	try	CERTIF	CATE (	OF STATUS DES			itional Fee required ithlicate of Status
				or Director (Fig	orida nonprof	it corpo	rations must list at lea	st 3 directors	3)			I <del></del>	
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			r			City / S	City / State / Zip		
P/S/							Palmetto :	Park F	₹d↓	Boca			'lorida
T/D	Willie	B.	Jackson	, Jr.	Suite	#1	06				33	3433	
D	Willie	э В.	Jackson	, sr.	7280 Suite		Palmetto 06	Park F	₹₫↓	Boca		1, F 3433	lorida
D	D Delphine Jackson					7280 W. Palmetto Park Rd. Suite #106				Boca Raton, Florida 33433			
									1	-02/	25/97~	-010	<b>417</b> 63-019 ***490.00
	6. Name	and Ad	dress of Current I	Registered Age	ent		1	9. Name a	ind Ad	dress of New	Registered	Agent	
					···· <u>-</u>		Name						
	11111e-B						Gary S Street Address (F	Scharf (P.O. Box Number is Not Acceptable)					
3355-Green-Street Jacksonville, FL-32205-						7280 W. Palmetto Park Road Suite Apl. # Etc. #106 City   State   Zip Code							
							Boca R	aton			FL	. 3	3433
10. I, being Signature o Registered	of /	)v	ary Schä	M	oration, am f		with and accept the ol		Section	Date	s  7 97		
11. Do	pes this cept. of Re	orpoi	ration pay a e under S.	ny intang 199.032,	gible ta: Florida	to to ta	he tutes. Yes	□ No	×  X	]	(See other si on inte	de for in ingible t	
12. I do le lease d certify i	reby certify the he Division of C that I am an of	t the info Corporation	rmation supplied wons from any liabilitiector or the recei	rith this filing is y of non-compl or or trustee e	voluntarily for ance with S impowered t	urnished ection 1 o execu	and does not qualify 19.07(3)(k) in the eve te this application as	for the exen ent that the in provided for	nption formation	stated in Section supplied is pter 607 or 61	ion 119.07(3 deemed ex 7, F.S. I furt	)(k), Flo empt fro her cert	rida Statutes. I re- m public access. I ify that when filing

this reinstatement application fees owed by the corporation under oath. ion has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all mormation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made

SIGNATURE:

Daylime Phone #