

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # *N93000001345*

1. Corporation Name

*VISIONS TEEN PARENT FOUNDATION*

Principal Place of Business

Mailing Address

*4152 W. BLUE HERON BLVD.  
RIVIERA BEACH, FL. 33404*

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

2. New Principal Office Address, If Applicable

*4152 W. BLUE HERON BLVD.*

Suite, Apt. #, etc.

*107*

City & State

*Riviera Beach*

Zip

*33404*

Country

*FLORIDA*

3. New Mailing Office Address, If Applicable

*BLVD.*

Suite, Apt. #, etc.

City & State

Zip

*33404*

Country

*FLORIDA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*3-22-93*

5. FEI Number

*65-0398632*

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$875 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<i>Treasurer</i>	<i>Cynthia Johnson</i>	<i>1241 W. 9th St.</i>	<i>Riviera Beach, FL 33411</i>
<i>Chairman</i>	<i>Virginia Pitts</i>	<i>P.O. Box 10332</i>	<i>Royal Palm Beach, FL 33411</i>
<i>Vice Chair</i>	<i>Shirley Lincoln</i>	<i>1476 Thornridge Lane</i>	<i>Royal Palm Beach, FL 33411</i>
<i>President</i>	<i>Emma Banks</i>	<i>2708 Embassy Drive</i>	<i>West Palm Beach, FL 33411</i>
<i>Secretary</i>	<i>Jeannie Gilbert</i>	<i>1418 7th St.</i>	<i>West Palm Beach, FL 33411</i>

8. Name and Address of Current Registered Agent

*Emma Banks  
2708 Embassy Drive  
West Palm Beach, FL 33411*

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number)

Suite, Apt. #

City

State

Zip Code

**REINSTATEMENT 94-99 TS**

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

*Emma Banks*

REGISTERED AGENT MUST SIGN

Date *10-15-99*

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

*Emma Banks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-15-99*

Date

*561-881-4839*

Daytime Phone #

CR-2001 (12/98)