

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N93000004806**

1. Corporation Name

**PROJECT: YOUTH OUTREACH UNLIMITED (Y.O.U.) - NEW
BEGINNING MULTI-PURPOSE COMMUNITY CENTER, INC.**

Principal Place of Business

2775 NW 183 ST
MIAMI FL 33056
US

Mailing Address

2775 NW 183 ST
MIAMI FL 33056

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

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

10/25/1993

5. FEI Number

65-0448003

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	READON, IRVIN H	2775 NW 183RD STREET	MIAMI FL 33056
DST	SHERRYLENE, ALLEN	17126 NW 43RD AVENUE	MIAMI FL 33055
M	VANGATES, FRANCE	1975 N.W. 155 STREET	MIAMI FL 33054
MD	MITCHELL, CAROLYN R	2901 NW 214TH STREET	MIAMI FL 33056

8. Name and Address of Current Registered Agent

READON, I H
2775 NW 183 ST
MIAMI FL 33056

9. Name and Address of New Registered Agent

Name

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

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

Rw. I. H. Readon
REGISTERED AGENT MUST SIGN

300004798913--9

-01/25/02--01088--007

***245.00 ***245.00

Date

11. 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:

Rw. I. H. Readon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 JAN 14 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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