PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 22 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

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10/22/03--01071--014 **236.25

DOCUMENT # **N93000005140**

1. Corporation Name

TALLAHASSEE YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2001 APALACHEE PARKWAY TALLAHASSEE FL 32301	2001 APALACHEE PARKWAY TALLAHASSEE FL 32301

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: 11/16/1993

5. FEI Number: 59-0808247 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/S	HOOD, MICHAEL R	2001 APALACHEE PKWY	TALLAHASSEE FL 32301
C	CARROLL, KEVIN	~~PO BOX 391~~ 227 S. CALHOUN STREET	TALLAHASSEE FL ~~32302~~ 32301
VCD	~~DELOACH, GREG~~ CHIP HARTUNG	~~PO BOX 749~~ 3303 THOMASVILLE ROAD	TALLAHASSEE FL ~~32302~~ 32308
~~VCD~~	~~MADIGAN, TERRY~~	~~200 W COLLEGE AVE~~	~~TALLAHASSEE FL 32301~~
~~SD~~	~~LEWIS, JUDGE TERRY~~	~~301 S MONROE, ROOM 285A~~	~~TALLAHASSEE FL 32301~~
~~VC~~	~~PROCTOR, THEO W~~	~~P.O. BOX 230~~	~~TALLAHASSEE FL 32304~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HOOD, MICHAEL R 2001 APALACHEE PKWY TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Michael R. Hood — Date: 10-20-03
REGISTERED AGENT MUST SIGN

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: Michael R. Hood — 10-20-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #