


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR -6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002940

1. Corporation Name

YOUTH IMPACT MINISTRIES, INC.

2. Principal Office Address

15941 SW 103rd Ct

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33157

Country

USA

3. Mailing Office Address

15941 SW 103rd Ct

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/3/1994

5. FEI Number

65-0534977

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

1999-2002 UBR

7. Name and Address of Current Registered Agent

Name

Cassandra Sheppard

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

15941 SW 103rd Ct

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33157

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Cassandra Sheppard

REGISTERED AGENT MUST SIGN

Date

2/20/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Cassandra Sheppard	15941 SW 103rd Ct	Miami FL 33157
D	Alexander Sheppard	15941 SW 103rd Ct	Miami FL 33157
D	Keisha L Culmer	21346 SW 112 Ave #201	Miami FL 33189
D	Stephanye Johnson	12519 SW 94 Ter	Miami FL 33186

10. 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:

Cassandra Sheppard CASSANDRA SHEPPARD

2/20/02

Date

305-323-0448

Daytime Phone #

CP2E081 (9/01)