

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 FEB -6 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005017

**1. Corporation Name**

Whole Hearted Youth Outreach  
Incorporated

**REINSTATEMENT** 04-06

CR2E081 (12/05)

**2. Principal Office Address**

6802 14th St W

Suite, Apt. #, etc.

**3. Mailing Office Address**

PO Box 10471

Suite, Apt. #, etc.

**City & State**

Bradenton Florida

Zip  
34207

Country

USA

**City & State**

Bradenton Florida

Zip

34282

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1994

**5. FEI Number**

650572480

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

John Skorski

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

2404 Bear Bay Rd

Suite, Apt. #, Etc.

City

Myakka City

State

FL

Zip Code

34251

500065563805  
02/10/06--01008--017 \*\*188.75

**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

John J. Skorski  
REGISTERED AGENT MUST SIGN

Date 1/28/06

**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
VP	Michelle Skorski	2404 Bear Bay Rd	Myakka City, FL 34251
PD	John Skorski	2404 Bear Bay Rd	Myakka City FL 34251
T	Sue Dieck	106 Colony Court	Ruskin FL 33570

**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 contained in Chapter 119, 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:**

Michelle Skorski Michelle Skorski 1/28/06 (941) 322-2876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# Whole Hearted Youth Outreach Inc.

Manatee County Florida

January 31, 2006

Division Of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

**To whom it may concern,**

Our corporation post card notice for 2004 must've been sent to the wrong P.O. Box and we missed getting our renewal taken care of properly. We are attempting to renew our corporation status again and are asking for favor from your office. I apologize for any lack of responsibility on my part.

Could you please wave the penalty and accept our check for \$183.75 to renew our corporation status? Thank you for your understanding. God bless you and your staff.

Sincerely,



John J Skorski

Director

WHY Outreach Inc.

P.O.Box 10471

Bradenton, FL 34282