

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 22 AM 9:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **194000005643**

1. Corporation Name

North American Youth Foundation Services Inc
3065 US 17 So
Ft Meade FL 33841

2. Principal Office Address

3065 US 17 So.

Suite, Apt. #, etc.

City & State

Ft Meade FL

Zip

33841

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

REINSTATEMENT

96-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2467618

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ **\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

James E. White

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

3208 Hilltop Av

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33803

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

James E. White

REGISTERED AGENT MUST SIGN

Date **5-9-03**

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	Dale Chapin	7393 17th Way No	St Pete, FL 33702
Sec.	Bill Adels	984 Crosley Dr	Donedin, FL 34698
Treas.	Dell Clark	12243 Garden Lk Cir.	Odessa, FL 33556
Pres.	James E White	3208 Hilltop Av	Lakeland FL 33803
			100037765631 06/08/04--01047--005 **673.75

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:

James E. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-04

Date

863-285-8067

Daytime Phone #

CR2E081 (10/02)