PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REMINISTRATION			A DEPARTMENT OF STATE Katherine Harris Secretary of State ISION OF CORPORATIONS		OZ MAR 13 AM 11:23		
1. Corpora	JMENT# N9400 ation Name Pensacola Youth Associ	00006135	ļ		·	ť	
2. Princip	al Office Address	3. Mailing Office Addre	ess				
1600 North "T" Street P.O.			7/1Q/1	·			
Suite, Apt. #, etc. Suite, Apt. #,				L	=======		
			4. Date Inc. To Do B			/9/	
City & State City & State		City & State		5. FEI Number	12/13	Applied For	
Pensacola, FL		Pensacola,		593387296-		Not Applicable	
Zip 32505	Country	32522-7949	Country	6. CERTIFICATE OF STATUS	DESIRED 537	3 Additional Resocciuted reCartificate of Status	
<u></u>		7. Name and	Address of Current Register	ed Agent			
	Name Paul A. Blac Street Address (P.O. Box Number is 7405 Viver Suite, Apt. #, Etc.	00005170430-2 03/27/02-01004-0 03 ****306.25 ****306.25					
	Pensacola	acola		FL 32576			
8. I, being Signature of Registered		REGISTERED AGENT MUS		•	05 or 617.0503, F.S 3/11/02		
9. Names	and Street Addresses of Each Officer	and/or Director (Florida nonpr	ofit corporations must list at le	east 3 directors)			
Titles	Name of Officers and/or Directo	ors	Street Address of Each Officer and/or Director		City / State / Zip		
P	Gerald McKenzie	301	N. Barcelona Stre	eet Pen	Pensacola, FL 32501		
-S/-T	-Garolyn-Watkins	-2700	-W:-Scott-Street		11	32505	
D	Melvin Toler	2386	Ursula Lane		11	32576	
D	Rufus Jones	2341	Amelia Lane		11 11	32576	
D	Charles Posey	1922	W. Yonge Street			32501	

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 filling 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:

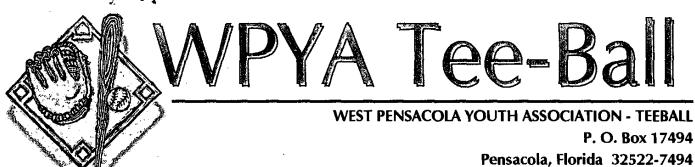
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

850-595-4200

Daytime Phone #





Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Sir:

Please be advised that our association did not receive the notification for renewal sent by your office.

Please forward all future correspondence to Paul Blackmon, 7405 Viver Nell Lane, Pensacola, Florida 32576.

Thank you for your attention to this matter.

Sincerely,

Paul Blackmon