

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 -9 PM 2:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N95000000471**

1. Corporation Name

NORTH JACKSONVILLE, YOUTH DEVELOPMENT CORPORATION

Principal Place of Business

5559 NORWOOD AVE
JACKSONVILLE FL 32206

Mailing Address

2447 TOWN SQ DR
JACKSONVILLE FL 32216

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1995

5. FEI Number

59-3293612

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDA	COOPER, DEWITT L JR	2447 TOWNSQUARE DR	JACKSONVILLE FL 32216
D	BAGGS, EDDIE	8759 HAVER HILL STREET	JACKSONVILLE FL 32211
T	WHITE, STANLEY	1432 CARBONDALE CT	JACKSONVILLE FL
T	COOPER, PATRICIA S	2447 TOWN SQ DR	JACKSONVILLE FL 32216
D	THOMAS, FRED	2021 ART MUWEUM DR	JACKSONVILLE FL 32207

8. Name and Address of Current Registered Agent

COOPER, DEWITT L JR
2447 TOWN SQUARE DR
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Dewitt L Cooper Jr
REGISTERED AGENT MUST SIGN

Date

10/18/03

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:

Dewitt L Cooper Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/03

904-509-3316

CR2E040 (7/03)