

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 27 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005837

1. Corporation Name

THE COMPANY YOUTH SERVICES, INC.

(W98-3568)

Principal Place of Business

Mailing Address

P.O. BOX 4801
Palm Harbor, FL 34685

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

2. New Principal Office Address, If Applicable

n/a

3. New Mailing Office Address, If Applicable

n/a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/8/95

5. FEI Number

59-3400099

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES D	ADAM G. SAGE	1484 Seagull Dr. #301	Palm Harbor, FL 34685
SEC D	JENNIFER WELLS	12283 Julia Street	Seminole, FL 33772
TRES D	BARBARA MITCHELSON	17900 Gulf Blvd. #17C	Redington Shores, FL 33708

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****358.75 ****358.75

8. Name and Address of Current Registered Agent

ADAM SAGE
1484 Seagull Dr. #301
Palm Harbor, FL 34685

9. Name and Address of New Registered Agent

Name

ADAM G. SAGE

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

Same as #8

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Adam G. Sage

REGISTERED AGENT MUST SIGN

Date 2/6/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Adam G. Sage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ADAM G. SAGE

Date

1/7/98

(813) 772-1776
Daytime Phone #

CRJED40 (12/96)