PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 AUG 25 PM 4:02

DOCUMENT # N96000001135

1. Corporation Name

Youth On The Move, USA, Inc.

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08/25/09--01003--008 **603.75

CR2E081 (12/06)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
27121 CORAL SPRINGS DRIVE	P O BOX 291962
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESLEY CHAPEL FL	City & State: TAMPA
Zip: 33544 Country: US	Zip: 33687-1962 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 02/28/1996

5. FEI Number: 593369126 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required if Certificate of Status is desired.

7. Name and Address of Current Registered Agent

Name: FAIREST HILL

Street Address (P.O. Box Number is Not Acceptable): 27121 CORAL SPRINGS DRIVE

Suite, Apt. #, Etc.:

City: WESLEY CHAPEL State: FL Zip Code: 33544

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ Date: 08/18/2009

REGISTERED AGENT MUST SIGN

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
DP	FAIREST HILL	27121 CORAL SPRINGS DR	WESLEY CHAPEL, FL 33544
DST	IRASEMA HILL	27121 CORAL SPRINGS DR	WESLEY CHAPEL, FL 33544
D	CHERYL COPRICH	630 AUGUSTA AVE	MONTGOMERY, AL 36111
	REINSTATEMENT 03-09		B 8/26/09

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 617.0301, 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: _____ FAIREST HILL 08/18/09 (813) 988-1089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #