

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 NOV 13 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000001275**

1. Corporation Name

YOUNG EAGLES INC.

Principal Place of Business

1201 NORTHWEST 111 STREET
ALLEN CHAPEL AVE CH
MIAMI FL 33167

Mailing Address

18015 NW 25TH COURT
MIAMI FL 33056

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1997

5. FEI Number

65-0742005

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)

800003487959--4

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
P	SILAS, J B	18015 NW 25TH COURT	MIAMI FL 33056
D	CAMPBELL, LUCIUS	1330 NW 189TH TERR	MIAMI FL 33169
D	SMITH, SYLVIA	346 NW 43RD ST	MIAMI FL 33127
S	MILLER, MARIE P	2914 NW 49TH ST	MIAMI FL 33142
VPD	MALIK, MATEEN MR	17031 NORTHWEST 49TH STREET	MIAMI FL 33169
TD	YOUNG, ANDY	1614 NW 189TH TERR	MIAMI FL 33169

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILAS, JOS B REV
18015 NW 25TH COURT
MIAMI FL 33056

Name

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

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.

Signature of
Registered Agent

J. Baran Silas
REGISTERED AGENT MUST SIGN

Date

11/1/2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Baran Silas
BARON SILAS

Date

Daytime Phone #

11/1/2000 (305) 628-3205

CR2ED40 (8/00)