

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JUN 30 P 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000003465

**1. Corporation Name**

Just Between Teens, Inc.

200157982242  
06/30/09--01015--013 \*\*306.25

**2. Principal Office Address - No P.O. Box #**

c/o Father John J. Mulvey - 3907 San Rocco Drive #211

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

Punta Gorda, FL

**City & State**

**Zip**

33950

**Country**

USA

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/13/97

**5. FEI Number**

65-0800323

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Father John J. Mulvey

**Street Address (P.O. Box Number Is Not Acceptable)**

3907 San Rocco Drive

**Suite, Apt. #, Etc.**

#211

**City**

Punta Gorda

**State**

FL

**Zip Code**

33950

☒ 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

REGISTERED AGENT MUST SIGN

Date 6/24/09

**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
Pres	Father John J. Mulvey	3907 San Rocco Dr Suite #211	Punta Gorda, FL 33950
VPres	Michael J. Horner	222 Nesbit Street	Punta Gorda, FL 33951
Sec	Judy MacWilliams	18436 Meyer Avenue	Port Charlotte, FL 33948

REINSTATEMENT

2005-09  
085

**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 617.0401, 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REV. DR. JOHN J. MULVEY

Date

6/24/09

Daytime Phone #

941-505-0556