_______ PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAR - 7 AM ID: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #	N97000003952
------------	--------------

U.S.A.

Corporation Name

_ YOUMAN & NELSON'S EDUCATIONAL SERVICES, INC.

	· · · · · · · ·
2. Principal Office Address 3554 Meadow Lake Lane Orlando, FL 32808	3. Mailing Office Address P.O. Box 680759 Orlando, FL 32808
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

	****245.00	****245。[][
A		

Country Country

To Do Business in	ı Florida	Ju1y	9,	1	99	7
5. FEI Number 59	34439	55				Applied For
~~~~~~~~~J/	Jササンシ,	ノンベーニョ		-		

CERTIFICATE OF STATUS DESIRED

9375 Additional Proprequired for a Certificate of Status

7. Name and Address of Current Registered Agent					
Name Harriet F. Youman					
Street Address (P.O. Box Number is Not Acceptable) 3554 Meadowe bake Lane					
Suite, Apt. #, Etc.					
Oraando, FL	State <b>FL</b>	Zip Code 32808			

U.S.A.

Signature of Registered Age

32808

32868

		Street Address of Each Officer and/or Director	City / State / Zip
PD	Patricia L. Black	3554 Meadow Lake Lane	Orlando, FL
Λ	Sharon_Riley	3554_Meadow Lake-Lane	Orlando, FL-32808
$s_D$	Edwin E. Youman, II	3554 Meadow Lake Lane	Orlando, FL 32808
D	Laura Dietz	3554 Meadow Lake Lane	Orlando, FL 32808
T	Audrey Alexander	3554 Meadow Lake Lane	Orlando, FL 32808
D	Harriet F. Youmand	3554 Meadow Lake Lane	Orlando, FL 32808

^{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 filling 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.

Patricia L. Black

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE081 (9/01)

February 28, 2002

Katherine Harris Secretary of State **Division of Corporations** Corporate Records P. O. Box 6327 Tallahassee, Florida 32314

Attention: Non Profit Corporations Department

Dear Ms. Harris:

This letter is to request a waiver of the non-profit corporation reinstatement fee, \$175.00. Our grassroots organization, Youman and Nelson's Educational Services Inc. did not receive notification of administrative dissolution in time to respond. The organization moved to a new location and has notified the Division of Corporation of that change. A representative from the Division suggested that a letter requesting a waiver of the reinstatement fee be submitted to this department. Please consider and grant this request. A check for \$245.00 is enclosed for each year the corporation was dissolved.

1 - 19 11 ...

In addition, the organization is requesting a name change, from Youman & Nelson's Educational Services, Inc. to Youman's Educational Services, Inc. (YES! Inc.). We have completed and enclosed the amendment form, a copy of the articles of incorporation, and a check for \$35.00 to process this transaction, after the corporation has been reinstated. Thank you for your attention to this matter.

Our organization has provided countless hours of volunteer services and educational support to children, youth, adults, and families in an underserved area in our community. We look forward to continuing this endeavor for many years to come.

Again, thank you for your time and consideration.

Harriet F. Youman

**Executive Director**