

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 22 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N97000004131

YOUTH IN ACTION CENTER INC. CDC

800170162318
02/22/10--01061--003 **192.50

REINSTATEMENT 08-10
GR2E081 (11/09)

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

2927 w 9th street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 40281

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

JACKSONVILLE, FL

Zip

32254

Country

U.S.A.

Zip

32203

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1997

5. FEI Number

65-0772178

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

PATTIE LEWIS

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

2927 W 9TH STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32254

☒ 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

P. Lewis

REGISTERED AGENT MUST SIGN

Date 2/16/10

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
P	PATTIE L. LEWIS	2927 W. 9TH ST.	JACKSONVILLE, FL 32254
C	TALMADGE BILLINGSLEA	2927 W. 9TH ST.	JACKSONVILLE, FL 32254
S	OCTAVIA MYERS	6828 MISS MUFFET LN	JACKSONVILLE, FL 32210
T	TERRY AUSTIN	7211 CRANE AVE, #67	JACKSONVILLE, FL 32216
	<i>Phi</i>		

10. E-mail Address: INFO@YIACDC.ORG

(To be used for future annual report notification)

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. I further certify, 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:

P. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/10

Date

Daytime Phone #