

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

07 SEP -6 PM 2:42

DOCUMENT # N97000004536

1. Corporation Name

MAHOGANY Youth Corporation

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

1060 NW 85th ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33150

City & State

Zip

33150

Country

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/8/1997

5. FEI Number

650775388

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

Robert O Bryant

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

1060 NW 85th ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33150

☒ 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

Robert O Bryant

Date

9/8/2007

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
D	Robert O Bryant	1060 NW 85th ST	MIAMI FL 33150
D	RON FOWLER	1227 NW 154 ST	OPAL LOCK FL 33056
D	APRIL O Bryant	18710 N.E. 18th Ave.	MIAMI, FL 33181
O	KATHLEEN ELLIOTT	1050 NW 85th MIAMI	MIAMI FL 33150

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:

Robert O Bryant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/2007

Date

305-216-4068

Daytime Phone #

REINSTATEMENT 03-01

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