

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 FEB 21 PM 12: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005919

1. Corporation Name

TEEN ACTIVITY PROGRAMS, INC.

2. Principal Office Address

~~7052 103rd Street~~

3. Mailing Office Address

P.O. Box 2355

Suite, Apt. #, etc.

~~Suite 317~~

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Orange Park, FL

Zip

~~32210~~

Country

US

Zip

32067

Country

US

**REINSTATEMENT**

99-2000  
SP

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/97

5. FEI Number

59-347-3483

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

Spiegel & Utrera, P.A.

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

343 Almeria Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

*[Signature]* ATTORNEY AT LAW

REGISTERED AGENT MUST SIGN

Date

1/17/00

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
PSTD	Marilyn Burns	2913 PACES FERRY RD. <del>7052 103rd Street</del>	ORANGE PARK FL 32073 <del>Jacksonville, FL 32210</del>
VD	Edward D. Burns	2913 PACES FERRY RD <del>7052 103rd Street</del>	ORANGE PARK FL 32073 <del>Jacksonville, FL 32210</del>
D	Tarla Burns	2913 PACES FERRY RD. <del>3060 Gordon Street</del>	ORANGE PARK FL 32073 <del>Orange Park, FL 32073</del>

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 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:

*Marilyn Burns* (MARILYN BURNS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2000

Date

904-269-9675

Daytime Phone #