

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 DEC -1 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001153

1. Corporation Name

LEADING YOUTH TOWARD EXCELLENCE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 680579  
ORLANDO FL 32668-0579

P.O. BOX 680579  
ORLANDO FL 32668-0579

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/26/1998

5. FEI Number

59-3584095

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EPPS, ELVIS	5979 KENLYN COURT	ORLANDO FL 32808
D/V	Dr. Eric Moore, M.D.	3468 Foxton Dr.	Oviedo, FL 32765
D	Darren Green	9006 Aliso Ridge Rd.	Gotha, FL 34734
D	Ronald Large, Ed.D	5116 Mystie Point Court	Orlando, FL 32812
T/S	Laurie Epps, M.A.	5979 Kenlyn Ct.	Orlando FL 32808
V/D	Leonard Jennings, MBA	111 W. North Street	Worthington, Ohio 43085

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EPPS, ELVIS  
5979 KENLYN COURT  
ORLANDO FL 32808

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Elvis Epps*

Date 10/26/99

REGISTERED AGENT MUST SIGN

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 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:

*Elvis Epps*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/99

Date

(407) 296-6460 x245

Daytime Phone #