PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATIO	ON
REINSTATEME	NT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000004091

1. Corporation Name

Focus Youth Center, Inc.

03 OCT 13 PM 3:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

		7. Name	and Address of Current I	Registered Agent	•		
33023	USA	33023	Country USA	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional for a Certificate		
Miramar, FI				65-1154053	Not	Applicable	
		-city a state Miramar, Fl.		5. FEI Number	Apr	Applied For	
				4. Date Incorporated or Qualified To Do Business in Florida 7/13/1998			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		THE REPRESENTATION OF THE PROPERTY OF THE PROP		<u> </u>	
2. Principal Office Address 6812 SW 34 Ct.		3. Mailing Office 6812 SW	•		REINSTATEMENT 200		
					——[[] [6] **23E	25	

7. Name and Address of Current	Registered Agent	
Name Marie Claude Herard		
Street Address (P.O. Box Number is Not Acceptable) 6812 SW 34 Ct		
Suite, Apt. #, Etc.		
City Miramar	State FL	Zip Code 33023

Signature of Registered	Agent //auc TV	CALLA GENT MUST SIGN	Date 9/22/03			
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			
PD	Colin, Jessie	5509 SW 113 Ave	Cooper City, Fl. 33330			
D	Altema, Alix	7351 Harbour Blvd,	Miramar, Fl. 33023			
S	Hume, Stephanie	11045 SW 168 St	Miami, Fl. 33157			
CEED	Herard, Marie Claude	6812 SW 34 Ct.	Miramar, Fl. 33023			
VD	Paine, Edward	18033 SW 142 Ct.	Miami, Fl. 33177			

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.

SIGNATURE: