

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 31 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N98000004861*

1. Corporation Name
Youth Divine Treasure, Inc.

100111552631
10/31/07--01045--006 **726.00

REINSTATEMENT *99-07*

2. Principal Office Address - No P.O. Box #
6920 NW 17th Court

Suite, Apt. #, etc.

City & State
Margate

Zip Country
33063 FL

3. Mailing Office Address
6920 NW 17th Court

Suite, Apt. #, etc.

City & State
Margate

Zip Country
33063 FL

4. Date Incorporated or Qualified To Do Business in Florida
8/24/1998

5. FEI Number 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
Julia Izquierdo

Street Address (P.O. Box Number is Not Acceptable)
6920 N.W. 17th Court

Suite, Apt. #, Etc.

City State Zip Code
Margate FL 33063

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 *Julia Izquierdo* Date *10/25/07*
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	<i>Julia Izquierdo</i>	<i>6920 N.W. 17th Court</i>	<i>Margate</i>
D	<i>George De la Cruz</i>	<i>2800 NW 23rd St</i>	<i>Ft. Lauderdale</i>
D	<i>Norma Radcliffe</i>	<i>10474 Marina Way</i>	<i>Boca Raton</i>
D	<i>Byron Agudelo</i>	<i>6920 N.W. 17th Court</i>	<i>Margate</i>
D	<i>A. Ty Chapline</i>	<i>2500 N.W. 79 Ave.</i>	<i>Margate</i>

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: *Julia Izquierdo* Date *10/24/07* (904-973-8546)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

11/5/07