

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 25 PM 2:02

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # **N98000005183**

1. Corporation Name

Panache Youth Outreach, Inc.

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

2100 US Highway 1

Suite, Apt. #, etc.

Colonial Building

City & State

Riviera Beach Fla

Zip

33470

Country

Palm Bch

3. Mailing Office Address

17676 66th North

Suite, Apt. #, etc.

-

City & State

Loxchachaz

Zip

33470

Country

Palm Bch

900161052999
09/25/09--01003--014 **428.75

CR2E081 (12/08)

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

September 2007

5. FEI Number

05-0806600

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

Carolyn Butler Petties

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

17676 66th North

Suite, Apt. #, Etc.

-

City

Loxchachaz

State

FL

Zip Code

33470

☒ 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

Carolyn Butler Petties

REGISTERED AGENT MUST SIGN

Date

September 2009

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
VP	Zale Petties	17676 66th North	Loxchachaz Fla. 33470
S	Marilyn L Jordan	1687 West 16th St.	Riviera Beach Fla
P	Carolyn Butler Petties	17676 66th North	Loxchachaz Fla 33470

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:

Carolyn Butler Petties

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

September 25 2009

Daytime Phone #

**561577
7353**