

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 21 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006998

1. Corporation Name

COMMUNITY YOUTH IN ACTION, INC.

Principal Place of Business

Mailing Address

137 NW 15TH CT.  
POMPANO BCH FL 33060

137 NW 15TH CT.  
POMPANO BCH FL 33060

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0960362

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TRUSTEE	FRANCES CARTER	137 NW 15 CT	POMPANO BEACH, FLA. 33060
TRUSTEE	MARTIN DERRICO SR.	1740 S.W. 40TH TERR.	FT. LAUDERDALE, FLA. 33317
TRUSTEE	BARBARA ATKINS	3031 N.W. 6TH	POMPANO BEACH, FLA. 33069

REINSTATEMENT

99

8. Name and Address of Current Registered Agent

FRANCES, CARTER  
137 NW 15TH CT.  
POMPANO BCH FL 33060

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number if Not Mailed)

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/21/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/99

Date

Daytime Phone #

KE