

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 30 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N990000001262

1. Corporation Name

Young Mothers Assistance, Inc.

200008024602--6

09/25/02--01081--002

****131.25 ****131.25

2. Principal Office Address

205 Edmor Road

3. Mailing Office Address

205 Edmor Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33405

Country

USA

Zip

33405

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/99

5. FEI Number

65 0897841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

2001-2002 VBR

7. Name and Address of Current Registered Agent

Name

Andrea Ferrari

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

777 S. Flagler Drive

Suite, Apt. #, Etc.

Suite 909, East Tower Phillips Point

City

West Palm Beach

State
FL

Zip Code
33401

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

Andrea Ferrari

REGISTERED AGENT MUST SIGN

Date

8-28-02

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
P/S/T	Andrea Ferrari	205 Edmor Road	West Palm Beach, FL 33405
V/D	Tanya E. Greiner	65 SE Spanish Trail #103	Boca Raton, FL 33432
D	Carla S. Ferro	258 Worth Court S	W. Palm Beach, FL 33405
D	Sara Gomez	777 S. Flagler Dr 909E	W. Palm Beach, FL 33401

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 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

Andrea Ferrari

Date

8/28/2002

Daytime Phone #

(561)

301-7033

CR2E081 (9/01)

August 28, 2002

DELIVERY VIA OVERNIGHT COURIER

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Non-Profit Reinstatement
Young Mothers Assistance, Inc.

To Whom It May Concern:

Please accept this application for reinstatement of the above noted corporation.

We are requesting that the State waive the penalty fees for reinstatement since previous notices' have not been received at PO Box 141, Palm Beach FL 33480. The same is true for the application for reinstatement that was sent to your offices in January 2002 and (as I have been told) returned after attempted processing from your offices. As I understand it, the fees submitted for reinstatement were incorrect. This letter, along with my application and check, to date, have not been received.

Please note that the address' have changed in order to avoid the evident problem that we are having with the PO Box address.

I have enclosed check # 2525 in the amount of \$131.25 which includes the \$8.75 for a Certificate of Status.

Your assistance in this matter is greatly appreciated.

Kindly,


Andrea Ferrari