

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 19 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 199000004027

1. Corporation Name

Curtzer Youth Organization, Inc.

REINS w/o PEN 12/24
MAD

2. Principal Office Address

1101 NW 2nd St.

3. Mailing Office Address

1101 NW 2nd ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33444

Country

Palm Beach

Zip

33444

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/99

5. FEI Number

65-0932854

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

Joy L. Haynes

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

1101 NW 2nd Street

Suite, Apt. #, Etc.

City

Delray Beach,

State

FL

Zip Code

33444

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

[Signature]

Date 11/18/03

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
<u>p</u>	<u>Jerome Jackson</u>	<u>238 SW 13th Ave</u>	<u>Delray Beach, FL 33444</u>
<u>VP</u>	<u>Walter Stephens</u>	<u>1280 Dorson Way</u>	<u>Delray Beach, FL 33445</u>
<u>D</u>	<u>Ruby Stephen</u>	<u>1280 Dorson Way</u>	<u>Delray Beach, FL 33445</u>
<u>D</u>	<u>Bennie Leonard</u>	<u>1101 NW 2nd Street</u>	<u>Delray Beach, FL 33444</u>
<u>D</u>	<u>Joy Haynes</u>	<u>130 NW 8th Ave</u>	<u>Delray Beach, FL 33444</u>
<u>S</u>	<u>Mary Ann Pickens</u>	<u>3491 Ocean Pkwy</u>	<u>Boynton Bch. 33435</u>

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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/03

Date

501-251-2411

Daytime Phone #

CR2E081 (10/02)