May 18, 2005 8:00 am
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000006454

1. Corporation Name
REV.22.13* THE ALPHA & OMEA A-Z YOUTH CENTER, INC.

400055567884
06/01/05--01013--012 **245.00

REINSTATEMENT

2. Principal Office Address		3. Mailing Office Address	
1085 N.E. 125TH ST		P.O. Box 640092	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#319			
City & State		City & State	
North Miami		North Miami Beach	
Zip	Country	Zip	Country
33161	USA	33164	USA

4. Date Incorporated or Qualified to Do Business in Florida: 10/28/1999

5. FEI Number: 650948803 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Sergely Leocald MERCILUS

Street Address (P.O. Box Number is Not Acceptable): 2345 N.E. 135th Street

Suite, Apt. #, Etc.: apt. 301

City: North Miami | State: FL | Zip Code: 33161

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (05/05)

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	Dr. Van Bokkelen A. M. R., MD	11905 West Biscayne Canal Road	Miami, FL 33161
DA,ST	Sergely Leocald MERCILUS	2345 N.E. 135th Street, apt. 301	North Miami, FL 33161
TST	PAUL, Frantz J.	1908 N.W. 4th Court, apt 105	Boca Raton, FL 33431
T	Oremar Barbara E.	11905 West Biscayne Canal Road	Miami, FL 33161
T	PAUL, Alferica T.	1908 N.W. 4th Court, apt 105	Boca Raton, FL 33431

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 exception 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: _____ 05/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/9

The ALPHA & OMEGA A-Z Youth Center, Inc.
N99000006454

To: Florida Department Of State Secretary State
Division of Corporation

Comes Now the Alpha & Omega A-Z Youth Center, Inc. N9000006454 Moves the Highest of the Florida Department of State Secretary of State Division of corporations to waive all penalities/late fee /whatever fee imposes on said organization/foundation/corporation for failure to renew/file annual reports. This failure is due externuated circonstances as a non for profit base could not avoid.

Today we request such favor for $200/or fee and also sent $245.00 for reinstatement and a prepaid overnight envelop for an ASAP return.

Wherefore we thank you for help in activate our Status as the Youth center who provide care/help for the juvenile/juvenile needs in florida, USA, and else since 1996 on A-Z level.

Sergely Leocald Mercilus

SergelyLéocaldMercilus