

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		REINSTATEMENT	
DOCUMENT # <u>N99000006454</u> 1. Corporation Name REV.22.13* THE ALPHA & OMEGA A-Z YOUTH CENTER, INC.			
2. Principal Office Address: 1085 N.E. 125TH ST Suite, Apt. #, etc. #318 City & State North Miami Zip 33161		3. Mailing Office Address: P.O. Box 640092 Suite, Apt. #, etc. City & State North Miami Beach Zip 33164	
4. Date incorporated or Qualified to Do Business in Florida 10/28/1999		5. FEI Number: 650948803	
6. CERTIFICATE OF STATUS DESIRED ☐		10.75 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			
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	11805 West Biscayne Canal Road	Miami, FL 33161
D.A.S.T	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.	11805 West Biscayne Canal Road	Miami, FL 33161
T	PAUL, Africa 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 exemption under section 119.07(2)(X), F.S. The information indicated on this application is true and accurate, and my signature and name have the same legal effect as if made under oath.			
SIGNATURE: <u><i>Sergely Leocald MERCILUS</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>05/10/05</u> Daytime Phone #: _____	

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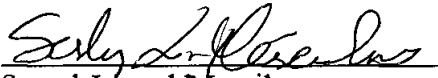
The ALPHA & OMEGA A-Z Youth Center, Inc.
N99000006454

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 penalties/late fee /whatever fee imposes on said
organization/foundation/corporation for failure to renew/file annual reports. This
failure is due extenuated circumstances 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