FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 MAR 11 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700119586377
03/06/08--01041--020 **183.73

REINSTATEMENT 06-08

DOCUMENT # N99000006454

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

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1065.N.E 125TH STREET 319		P.O. BOX 640046 NORTH MIAMI FLORIDA 33164	
Suite, Apt. #, etc. 319		Suite, Apt. #, etc.	
City & State NORTH MIAMI, FLORIDA		City & State NORTH MIAMI, FLORIDA	
Zip 33138	Country DADE	Zip 33164	Country DADE

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 ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Dr Van Bokkelen A. M. R., MD

Street Address (P.O. Box Number is Not Acceptable)
655, NE, 166 ST Street North Miami Beach Florida 33161

Suite, Apt. #, Etc
109

City	State	Zip Code
North Miami Beach Florida	FL	33161

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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, ST	Dr Van Bokkelen A. M. R., MD	655, NE, 166 ST Street North Miami Beach Florida 33161	North Miami Beach Florida 33161
DA	Dr Karen Kennoly MD	2345 NE 135 ST Street. apt 301	North Miami Beach Florida 33161
TST	Dr Kisia J. A. MD	2345 NE 135 ST Street. apt 301	North Miami Beach Florida 33161
TST	Dr Kathy Kennedy, MD	2345 NE 135 ST Street. apt 301	North Miami Beach Florida 33161
T	Dr Larry Bird	655, NE, 166 ST Street North Miami Beach Florida 33161	North Miami Beach Florida 33161
T	Dr Leonard John, PHD@ Law	655, NE, 166 ST Street North Miami Beach Florida 33161	North Miami Beach Florida 33161

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 contained in Chapter 119, 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: Dr Van Bokkelen A. M. R., MD 3/4/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #