

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 FEB 20 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N99000006610

**1. Corporation Name**

FLORIDA YOUTH ALLIANCE, INC.  
4949 MARBRISA DRIVE, STE. 1503  
TAMPA, FL 33688

**2. Principal Office Address**

4949 MARBRISA DRIVE

Suite, Apt. #, etc.

STE. # 1503

City & State

TAMPA, FL 33688

Zip

33688

Country

USA

**3. Mailing Office Address**

P.O. BOX 271621

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33688

Country

USA

**REINSTATEMENT**

00-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/9/99

**5. FEI Number**

59-3607304

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

JAMES V NEWMAN

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

4949 MARBRISA DRIVE

Suite, Apt. #, Etc.

STE. #1503

City

TAMPA, FL

800003811098-9  
-03/08/01-01015-003  
\*\*\*\*297.50 \*\*\*\*297.50

800003811098-9  
-03/08/01-01015-004  
FL Exp Code  
\*\*\*\*8.75 \*\*\*\*8.75  
33688

**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

REGISTERED AGENT MUST SIGN

Date

2-1-01

**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/ D	JAMES V. NEWMAN	4949 MARBRISA DR; STE. 1503	TAMPA, FL 33688
V/ D	WILLIAM F. DUQUETTE	1123 HUNTERS GLEN DRIVE	WOODSTOCK, GA 30189
S/ D	DENNIS DOUGHERTY	2022 WALTMAN ST.	FT. MYERS, FL 33901
T/ D	ANN MARIE NEWMAN	17861-B LAKE CARLTON DR	LUTZ, FL 33549
			LS

**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

2-1-01

Date

813-969-0904

Daytime Phone #

CR2E081 (9/00)