

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **997**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 JAN 15 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000101150**

1. Corporation Name
YOU INTERNATIONAL INC.

Principal Place of Business
**7512 DR. PHILLIPS BOULEVARD
SUITE 360
ORLANDO FL 32819**

Mailing Address
**7512 DR. PHILLIPS BOULEVARD
SUITE 360
ORLANDO FL 32819**



REINSTATEMENT 997

If above addresses are incorrect in any way, line through incorrect information and enter correct information.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/16/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
V.P.	James C. McClure	3817 Shady Hollow Ln. Dallas, Tx	Dallas, Tx. 75233
C.F.O.	Allen Shapiro	636 North Terrace Ave. Mt. Vernon, N.Y. 10052	
C.O.O.	Hugh Robinson	2807 Allen St.	Dallas, Tx. 75204
C.E.O.	Paula McClure	2807 Allen St.	Dallas, Tx. 75204
Treasurer	Stan Swartz	8305 Foxworth Circle	Orlando, Fl. 32819
			G. Alan 1/15/98

8. Name and Address of Current Registered Agent

**JORDAN, PAULA M
7512 DR. PHILLIPS BOULEVARD
SUITE 360
ORLANDO FL 32819**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
900002403349--1
01/16/98 State **FL** Zip Code **32819**
*****750.00** *****750.00**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Paula M. Jordan*
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on Intangible tax.)

12. 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: *Paula M. Jordan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (8/97)