PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 AUG 20 AM 6:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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98-01 WBR

DOCUMENT # P97000014962

1. Corporation Name

FLORIDA YOUTH INSTITUTE, INC.

2. Principal Office Address	**3.** Mailing Office Address
3030 EUNICE AVE	167 CARISBROOKE STR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL.	City & State: CLOCEE, FL.
Zip: 32808 Country: USA	Zip: 34761 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1997

5. FEI Number: 59-3426840 ☐ 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: MICHAEL SCHLIEPER 101.25 - AR

Street Address (P.O. Box Number is Not Acceptable): 167 CARISBROOKE STREET 10.00 - ARARTS

Suite, Apt. #, Etc.: 88.75 - ALSUPP

City: CLOCEE, FL. GAR 400.00 State: FL Zip Code: 34761

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: 8-17-01

REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PRES	KEITH BURLEY	167 CARISBROOKE STR.	CLOCEE, FL. 34761
TREA	MICHAEL SCHLIEPER	167 CARISBROOKE ST.	CLOCEE FL. 34761
DIR	JERRY S. ARCHER	885 CONKLIN CT.	CASSELBERRY FL. 3270

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: _____ 08-17-01 4079057879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #