

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT 25 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037501

1. Corporation Name

Juvenile Adult Work Services, Inc

700008596557
10/25/02--0108U--011 **1358.75

2. Principal Office Address

390 N. W. 2 St

3. Mailing Office Address

3300 N. St. Rd. # 7

Suite, Apt. #, etc.

Managers Office

Suite, Apt. #, etc.

A 24

City & State

Miami, FL

City & State

Hollywood, FL

Zip

33128

Country

USA

Zip

33021

Country

USA

REINSTATEMENT 98-02

4. Date Incorporated or Qualified To Do Business in Florida

7-25-1997

5. FEI Number

05-0536321

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

William Ferguson

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

2820 N.W. 13 Street

Suite, Apt. #, Etc.

City

Opa Locka

State

FL

Zip Code

33054

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

William Ferguson

Date

10/22/02

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 |
|-------------------|-----------------------------------|--|----------------------------|
| <u>Pres</u> | <u>Joan A. Webb</u> | <u>3300 N. St. Rd. # A24</u> | <u>Hollywood, FL 33021</u> |
| <u>Vice Pres</u> | <u>William A. Webb</u> | <u>2820 L. W. 127 Way</u> | <u>MIRAMAR, FL 33027</u> |
| <u>Sec Treas.</u> | <u>Emanuel J. Smith</u> | <u>390 NW 2 St</u> <u>Managers Office</u> | <u>Miami, FL 33128</u> |
| | | | <u>PR 10/29</u> |

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:

Joan A. Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

305

205-8338

Daytime Phone #

CR2E081 (9/01)