

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 SEP -5 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600007634526--7

-09/10/02--01045--015

\*\*\*\*450.00 \*\*\*\*450.00



DOCUMENT # P99000007886

1. Corporation Name

YOUTH ON THE MOVE, INC.

Principal Place of Business

Mailing Address

151 NORTH POLK AVENUE  
ARCADIA FL 34266

151 NORTH POLK AVENUE  
ARCADIA FL 34266

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/27/1999

Suite, Apt. #, etc.

151 NORTH POLK

Suite, Apt. #, etc.

612 E MAPLE ST

City & State  
ARCADIA

City & State  
ARCADIA FL

5. FEI Number

59-3555217

☒ Applied For  
☐ Not Applicable

Zip  
34266

Country  
DeSoto

Zip  
34266

Country  
DeSoto

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	FELTON, ROSA E	151 NORTH POLK AVENUE	ARCADIA FL 34266

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/00)

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

*Rosa E. Felton*  
REGISTERED AGENT MUST SIGN

Date

8/28/02

11. 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:

*Rosa E. Felton*  
ROSA E. FELTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/28/02

Daytime Phone #

(863) 993-9350

RE: P99000007886



Youth

ON THE MOVE, INC.

151 N. POLK AVENUE ARCADIA, FL. 34266

PH: (863) 993 9350

FAX: (863) 993 - 0117

DATE: 8/28/02

TO: DEPARTMENT OF CORPORATIONS

FROM:

  
Rosa Felton Owner/Manager

TOTAL PAGES: 2

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Please process my reinstatement application. I didn't know I had to pay each year to renew. For some reason I did not get a notice in 2000 to pay \$150.00 yearly. A business associate informed me of the yearly fee and I inquired at that time. Enclosed is \$450.00 for the past three years. Please except and waiver the \$600.00 penalty and I'll be sure to pay yearly in the future.

Thank you Rosa Felton