

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 29, 2008
Secretary of State**

DOCUMENT# F99000005353

Entity Name: YOUTH ADVOCATE PROGRAMS, INC.

Current Principal Place of Business:

2007 NORTH THIRD STREET
HARRISBURG, PA 17102

New Principal Place of Business:

Current Mailing Address:

2007 NORTH THIRD STREET
HARRISBURG, PA 17102

New Mailing Address:

FEI Number: 23-1977514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLVILLE, SPENCER
HILLSBOROUGH COUNTY ADVOCATE PROGRAM
8900 NORTH ARMENIA AVE, SUITE 308
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

STOTTLEMYER II, RICHARD
HILLSBOROUGH COUNTY ADVOCATE PROGRAM
8900 NORTH ARMENIA AVE, SUITE 308
TAMPA, FL 33604 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD STOTTLEMYER II 10/29/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN-SOW, LYNETTE
Address: 2007 NORTH THIRD STREET
City-St-Zip: HARRISBURG, PA 17102

Title: T () Delete
Name: HORSEY, MICHAEL
Address: ONE LOGAN SQUARE, 29TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

Title: ST () Delete
Name: FRYE, NEELY T
Address: 939 PARISH PLACE
City-St-Zip: HUMMELSTOWN, PA 17036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEELY FRYE ST 10/29/2008
Electronic Signature of Signing Officer or Director Date