

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVAL AND FILED
 98 DEC 22 PM 12:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L04356**

1. Corporation Name
JOEL YOUNG & ASSOCIATES, INC.

| | |
|---|---|
| Principal Place of Business 10950 SAN JOSE BLVD SUITE 60 JACKSONVILLE FL 32223 | Mailing Address 10950 SAN JOSE BLVD SUITE 60 JACKSONVILLE FL 32223 |
|---|---|



REINSTATEMENT 98

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 07/24/1989 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-2962195 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|--|
| DPV | YOUNGS, JOEL | 2640 STATE RD 13 | JACKSONVILLE FL |
| V | YOUNGS, CINDY | 2640 STATE RD 13 | JACKSONVILLE FL |
| | | | 800002725028--3 -12/29/98-01095--023 ****750.00 ****750.00 |
| | | | <i>Handwritten initials</i> |

8. Name and Address of Current Registered Agent

BERNARD KIESEL, CPA. PA
 9735 OLD ST. AUGUSTINE ROAD
 SUITE 9
 JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name
Wheeler, Erwin, Fountain & Jackson, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
9428 Baymeadows Road, Suite 230
 Suite, Apt. #, Etc.
 City
Jacksonville
 State
FL
 Zip Code
32256-0138

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: *[Signature]* **SIGNATURE REQUIRED** Date **November 17, 1988**
 REGISTERED AGENT MUST SIGN

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: *[Signature]* **SIGNATURE REQUIRED** Date **12-21-98** Daytime Phone # **904 886 9400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOEL YOUNGS

CR2E040 (9/88)