

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000089100

1. Corporation Name

YOUNG GENERATION, INC.

FILED

00 NOV 20 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

6590 SW 39 STREET  
DAVIE FL 33314

6590 SW 39 STREET  
DAVIE FL 33314

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

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0342257

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	<del>YOUNG, TERI</del> TOM Miller	6590 SW 39 STREET	DAVIE FL 33314
V	<del>VOELLER, MICHELLE</del> TOM Miller	6590 SW 39 STREET	DAVIE FL 33314
S	<del>GASTORA, GERI</del> TOM Miller	6590 SW 39 STREET	DAVIE FL 33314

100003493371--2  
-12/11/00--01038--013  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YOUNG, TERI  
6590 SW 39 STREET  
DAVIE FL 33314

Name

TOM Miller

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

4794 NE 11 AVE

Suite, Apt. #, Etc.

ORLAND PARK

33334

City

State

FL

Zip Code

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]*  
REGISTERED AGENT MUST SIGN

Date 15 Nov 2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* TOM Miller

Date

15 Nov 2000

Daytime Phone #

954-202-7377

KE