

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 838793</b> 1. Entity Name <b>DANIEL F. YOUNG, INCORPORATED</b>	
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FILED

09 APR 28 PM 12: 26

Principal Place of Business <b>1235 WESTLAKES DRIVE SUITE 255 BERWYN, PA 19312 US</b>	Mailing Address <b>1235 WESTLAKES DRIVE SUITE 255 BERWYN, PA 19312 US</b>
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**200152884992**  
 04/28/09--01004--001 \*\*308.75



REINSTATEMENT

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>13-5496410</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

Madonna Cuddihy  
Special Assistant Secretary

SIGNATURE: *Madonna Cuddihy* DATE: **4-24-09**

Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WYATT, AARON WESLEY IV</b> <b>1235 WESTLAKES DRIVE, SUITE 255</b> <b>BERWYN, PA 19312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GALLIGAN, KEVIN</b> <b>1235 WESTLAKES DRIVE, SUITE 255</b> <b>BERWYN, PA 19312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>TRAYNOR, DENISE</b> <b>1235 WESTLAKES DRIVE, SUITE 255</b> <b>BERWYN, PA 19312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>WYATT, AARON WESLEY III</b> <b>1235 WESTLAKES DRIVE, SUITE 255</b> <b>BERWYN, PA 19312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b> <b>BETTY REYNOLDS</b> <b>1235 WESTLAKES DRIVE, SUITE 255</b> <b>BERWYN, PA 19312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b> <b>JOHN WULUDIS</b> <b>1235 WESTLAKES DRIVE, SUITE 255</b> <b>BERWYN, PA 19312</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Denise Traynor CFO* 4/23/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #