

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 9:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F99000005928

1. Corporation Name

YOUNGBLOOD BROTHERS, INC.

Principal Place of Business

Mailing Address

839 LESTER LANE
ROGERS AR 72756

839 LESTER LANE
ROGERS AR 72756

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1999

5. FEI Number

71-0820950

Applied For

Not Applicable

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
P	YOUNGBLOOD, RONALD G	839 LESTER LANE	ROGERS AR 72756
ST	YOUNGBLOOD, ROBERT G	839 LESTER LANE	ROGERS AR 72756
			200024340072 10/31/03--01084--015 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~NATIONAL REGISTERED AGENTS, INC.~~
526 E. PARK AVENUE
TALLAHASSEE FL 32301

NRAI SERVICES, INC.

Name -

NRAI SERVICES, INC.

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

526 E. PARK AVE

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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. or 617.0505, F.S.

Signature of
Registered Agent

Ed G. Hancock
REGISTERED AGENT MUST SIGN

Date

10/24/03

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.

ROBERT G. YOUNGBLOOD, SEC. TREAS.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03 (479) 631-2400

Daytime Phone #

CH2E040 (7/03)