

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 22 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K19348

1. Corporation Name

YOUNG FARMS, INC.

Principal Place of Business

Mailing Address

~~950 N. COLLIER BLVD.~~
~~414~~
MARCO ISLAND FL 34145
~~US~~

~~950 N. COLLIER BLVD.~~
~~414~~
MARCO ISLAND FL 34145
~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1528 SEVILLA AVE

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

Zip
33134-6262

Country
US

3. New Mailing Office Address, If Applicable

1528 SEVILLA AVE

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

Zip
33134-6262

Country
US

REINSTATEMENT

2000

4. Date Incorporated or Qualified To Do Business in Florida

03/23/1988

5. FEI Number

65-0048409

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	YOUNG, ALEXANDER	950 N COLLIER BLVD #400	MARCO ISLAND FL 34145
VSD	GARCIA-FRUTOS, JOSE M	1528 SEVILLA AVE.	CORAL GABLES FL 3313
PTD	GARCIA-FRUTOS, JOSE M	1528 SEVILLA AVE	CORAL GABLES, FL 33134
VSD	GARCIA-FRUTOS, SILVIA	1528 SEVILLA AVE	CORAL GABLES, FL 33134
			900003524109--1 -01/04/01--01108--016 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

~~YOUNG, ALEXANDER~~
~~950 N. COLLIER BLVD.~~
~~STE 400~~
MARCO ISLAND FL 34145

9. Name and Address of New Registered Agent

LS

Name
GARCIA-FRUTOS, JOSE M
Street Address (P.O. Box Number is Not Acceptable)
1528 SEVILLA AVE
Suite, Apt. #, Etc.
City
CORAL GABLES
State
FL
Zip Code
33134-6262

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
JOSE M. GARCIA-FRUTOS
REGISTERED AGENT MUST SIGN

Date 12-20-00

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:

JOSE M. GARCIA-FRUTOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-00 305661-7181
Date Daytime Phone #