

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 DEC 16 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000007163**

1. Limited Liability Company's Name

Young Capital Vnetures L.L.C.

CR2E041 (8/05)

2. Principal Office Address

1814 Devra Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3154

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Tallahassee FL

Zip

32303

Country

Leon

Zip

32315

Country

Leon

4. State/Country of Formation

Florida Leon

5. Date Organized or Qualified  
To Do Business in Florida

March 26 2002

6. FEI Number

01-0644651

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Leo Young Jr

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

1814 Devra Drive

Suite, Apt. #, Etc.

400062293854

12/20/05--01043--005 \*#200 00

City

Tallahassee

State

FL

Zip Code

32303

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date

12/16/2005

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Leo Young Jr.	1814 Devra Drive	Tallahassee FL 32303

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date

12/16/2005

Daytime Phone #

566 0367

Typed or printed name of signing Managing Member/Manager