PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State **DIVISION OF CORPORATIONS**

 DOCUMENT # L02000007163

Name and Mailing Address

FILED 03 OCT 28 - PM 5: 15 SECRETARY OF STATE TALLAHASSEE FLORIDA

MJH

0002071 01 AT 0.292 **AUTO TO 0 0615 32303-345814 Indiadatalidandindiadalidatalandidatala YOUNG CAPITAL VENTURES, LLC 1814 DEVRA DRIVE TALLAHASSEE FL 32303-3458

					10/26	2003	
2. New Mailing Address				4. State/Country/of Formation FL 5. Date Organized or Qualified To Do Business in Florida 03/26/2002			
City, State, Zip				5. Date Organized or Qualified To Do Business in Florida 03/26/2002			
Principal Place of Business 1814 DEVRA DRIVE TALLAHASSEE FL 32303		New Principal Place of Business Address		6. FEI Number Applied For I Not Applicable		Applied For	
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
Name and Address of Current Registered Agent				Name and Address of New Registered Agent Name			
YOU	UNG, LEO M JR. UNG CAPITAL VENTURES, LL [.] 4 DEVRA DRIVE	o	Street Address (P.O. Box Number is Not Acceptable) City Zip Code				
	LAHASSEE FL 32303						
Signature of Registered Agent REGUIRED REGISTERED AGENT MUST SIGN 11. Names and Street Address s of Each Managing Member/Manager							
Title(s)			treet Address of E laging Member/Ma	at Address of Each ing Member/Manager City / State / Zip		State / Zip	
MGRM	YOUNG, LEO M JR.	1814 DEVRA	DRIVE	20; 10/28/i	TALLAHASSEE F 1024184; 13-01007-003	-	
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12. I certify that I am managing member/manager or the seceiver or trustee suppowered 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 eliginated, 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 eliginated on this application is true and accurate, and my signature shall have the same legal effect all fees owed by the limited liability compa as if made under oath.

Signature of Managing Member/Manage