

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 30 AM 8:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**1. DOCUMENT # L02000020479**

Name and Mailing Address

0011573 01 AT 0.292 \*\*AUTO T3 0 0615 33401-461311



**YOUNG GUNS LLC**  
**311 CLEMATIS STREET**  
**WEST PALM BEACH FL 33401-4613**



2. New Mailing Address		4. State/Country of Formation <b>FL</b>	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida <b>08/12/2002</b>	
Principal Place of Business <b>311 CLEMATIS STREET WEST PALM BEACH FL 33409</b>	3. New Principal Place of Business Address  City, State, Zip	6. FEI Number <b>32-0027299</b>	Applied For  Not Applicable
8. Name and Address of Current Registered Agent  <b>LEGALZOOM MEVADA INC 111 N.E. FIRST STREET SUITE 901 MIAMI FL 33132</b>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
9. Name and Address of New Registered Agent Name <b>J.D. Lewis, III</b> Street Address (P.O. Box Number is Acceptable) <b>1115 E. Ocean Blvd.</b> <b>800024267598</b> City <b>Stuart</b> Zip Code <b>FL 34996</b>		10. 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 <b>SIGNATURE REQUIRED</b> REGISTERED AGENT MUST SIGN Date <b>10/24/03</b>	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<b>President</b>	<b>J.D. Lewis, III MGRM</b>	<b>1115 E. Ocean Blvd. Stuart, FL 34996</b>	<b>Stuart, FL 34996</b>
<b>Vice President</b>	<b>Keston Robinson MGRM</b>	<b>12243 Florida Ave Stuart, FL 34994</b>	<b>Stuart, FL 34996</b>
	<b>Devon Robinson</b>		
	<b>Christopher Lewis</b>		
12. 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 <b>SIGNATURE REQUIRED</b> Date <b>10/24/03</b> Daytime Phone # <b>(772) 286-7861</b>			

CR2EC84 (7/03)

**REINSTATEMENT** **03 OCT 30**  
**FILED**