

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV -1 PM 12:20

DOCUMENT # L05277

1. Corporation Name

Young's Paso Fino Ranch, Inc.

2. Principal Office Address - No P.O. Box #

8075 West Hwy.326

Suite, Apt. #, etc.

3. Mailing Office Address

8075 West Hwy.326

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34482

Country

USA

Zip

34482

Country

USA

900187298729
11/01/10--01048--008 **1060.00

4. Date Incorporated or Qualified
To Do Business in Florida

July 28, 1989

5. FEI Number

59-2931761

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Barbara B. Young

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

8075 West Hwy. 326

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34482

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Barbara B. Young

Date 10/29/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres. | Barbara B. Young | 8075 West Hwy. 326 | Ocala, FL 34482 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

10. E-mail Address: bby1947@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Barbara B. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/10

Date

352-867-5305

Daytime Phone #