

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAR -5 AM 9: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000031066

1. Limited Liability Company's Name

Robert and Sally Young Family Management, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 408-A Howard Avenue		3. Mailing Office Address 408-A Howard Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33815	Country US	Zip 33815	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 03/31/2009	
6. FEI Number 26-4607826	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Jeffrey M. Lasman, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1560 W. Cleveland St.

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33606

E-mail Address:

sally.young48@gmail.com
(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date

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	Robert D. Young	408-A Howard Avenue	Lakeland, FL 33815
MGRM	Sally S. Young	408-A Howard Avenue	Lakeland, FL 33815

REINSTATEMENT - 2011 - 2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Robert D. Young

Date 4/8/12

Daytime Phone 878 591-3660

Typed or printed name of signing Managing Member/Manager

Robert D. Young

Sally S. Young

C.L.