

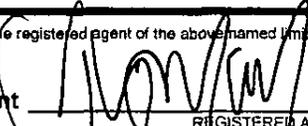
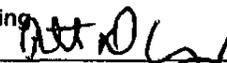
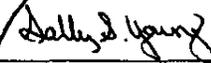
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 MAR -5 AM 9: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L09000031066 1. Limited Liability Company's Name Robert and Sally Young Family Management, LLC			
2. Principal Office Address - No P.O. Box # 408-A Howard Avenue Suite, Apt. #, etc ...		3. Mailing Office Address 408-A Howard Avenue 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		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		E-mail Address: sally.young48@gmail.com (To be used for future annual report notices)	
State FL		Zip Code 33606	
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 _____ 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	Robert D. Young	408-A Howard Avenue	Lakeland, FL 33815
MGRM	Sally S. Young	408-A Howard Avenue	Lakeland, FL 33815
300223890699 03/05/12--01012--001 #377			
REINSTATEMENT -2011-2012			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute the 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   Date 4/8/12 Daytime Phone # Robbie 678 591-3660 Sally 678 699-1177 Typed or printed name of signing Managing Member/Manager: Robert D. Young Sally S. Young			

C.L.