

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000055845

1. Limited Liability Company's Name

EBR Young Investment LLC

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

19551 Slater Road

Suite, Apt. #, etc.

City & State

N.Fort Myers

Zip

33917

Country

3. Mailing Office Address

19551 Slater Road

Suite, Apt. #, etc.

City & State

N.fort Myers

Zip

33917

Country

FILED

12 DEC -3 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E041 (1/11)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05/11/2011

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ellen Young

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

19551 Slater Road

Suite, Apt. #, Etc.

City

N.Fort Myers

State

FL

Zip Code

33917

E-mail Address:

200242379822
12/03/12--01049--003 **243.75

beasantiques@embarqmail.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

Ellen Young
REGISTERED AGENT MUST SIGN

Date

11/25/12

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	Barbara Garry	19551 Slater Road	N.Fort Myers
MGRM	Robert Young	19551 Slater Road	N.Fort Myers
MGRM	Ellen Young	19551 Slater Road	N.Fort Myers
			DEC - 3 2012
			S. PRATHER

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

Ellen Young
ELLEN YOUNG

Date

11/25/12

Daytime Phone #

2395437883

Typed or printed name of signing Managing Member/Manager