

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 20 PM 4:00

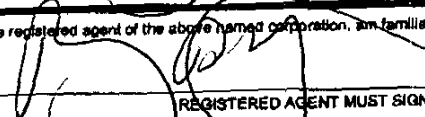
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L77481			
1. Corporation Name Rodney D. Young MO PA			
2. Principal Office Address 1190 NW 95th St		3. Mailing Office Address Same	
Suite, Apt. #, etc. 410		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33150	Country U.S.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 5/31/90		5. FEI Number 65-021 8671	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For ☐ Not Applicable	

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-03/11/02--01003-016
***1200.00 ***1200.00

7. Name and Address of Current Registered Agent	
Name Rodney D. Young	
Street Address (P.O. Box Number is Not Acceptable) 14135 N. Miami Ave	
Suite, Apt. #, Etc.	
City Miami	State FL Zip Code 33168

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  Date **1/18/2002**

REGISTERED AGENT MUST SIGN

9. Names and Street Address 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
P	Rodney D. Young MO	14135 N. Miami Ave	Miami FL 33168
VP	Leide G. Young	14135 N Miami Ave	Miami FL 33168

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/04/02 **835-1811** **AT**