CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N 4-	755	17
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1. Corporation Name

Young Adventurers, Inc.

FILED OL HAY 12 AH 11: 13

REINSTATEMENT

	0 0000	A CONTRACTOR OF A	
Principal Office Address 7719 Forestoy Dr.	3. Mailing Office Address 7719 FURESTAY DR.	600035053486	
suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida	
ity & State	City & State	104/12	
Lake World, 7L ip Country	Lake Worth, FL	_650.315_770 Not Applicable	
33467 USA	33467 USA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	

State Zip Code
FL 3346 7
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Signature of Registered		ENT MUST SIGN	Date			
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			
CID	Victor V. Perdomo	16034 White spring Dr	WHILER CA 90604			
D	mike mendez	Į l	SANTA TE Springs CA			
`D -	TERRY BOMER -	7719 Forestay DR	LAKE Worth, 74-33467			
D	Jesse D. mitchell	25971 Pokee Hat	Laguna Hills, CA 92653			
D	Robert Dawson	952 ARMILARIA St	Henderson NV 89015			
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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 filling 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)(i), 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

TERRY W. BUMPR 4/37/04 56/317-5437
OFFICER OR DIRECTOR
Date
Date
Date
Date