

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -7 AM 8:00

DOCUMENT # P00000073731

1. Corporation Name

Young Resort Management, Inc.

REINSTATEMENT 01-04

2. Principal Office Address

117 CASEY KEY RD

Suite, Apt. #, etc.

City & State

NOKOMIS, Florida

Zip
34275

Country
U.S.A.

3. Mailing Office Address

117 CASEY KEY RD

Suite, Apt. #, etc.

City & State

NOKOMIS, Florida

Zip
34275

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

8/2/2000

5. FEI Number

105-1032565

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CAMERON YOUNG

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

117 CASEY KEY RD

Suite, Apt. #, Etc.

City

NOKOMIS

State

FL

Zip Code

34275

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/6/04

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
D	CAMERON YOUNG	117 CASEY KEY Rd	NOKOMIS, FL 34275
D.	Benjamin Young	117 CASEY KEY Rd	NOKOMIS, FL 34275

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12/07/04--01071--007 **1200.00

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)(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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cameron Young

Date

12/6/04

Daytime Phone #

CR2E081 (01/04)