

CAPITAL CONNECTION

850 222 1222

01/22 '03 14:49 NO.734 01/01

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 FEB 12 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P010000007559

1. Corporation Name

YOU INC

900013175299
02/27/03--01082--010 **908.75

2. Principal Office Address

2056 N.W. 23 AVE

State, Apt. #, etc.

MIAMI

City & State

FLORIDA

Zip

33142

Country

U.S.A

3. Mailing Office Address

500 MARBRISA DR

State, Apt. #, etc.

VERO BEACH

City & State

FLORIDA

Zip

32963

Country

U.S.A

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

02-01-2001

5. FEI Number

65-1070705

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

MARK L. RIVLIN, P.A.

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

SUITE # 120

State, Apt. #, Flr.

1530 MADRUGA AVE

City

CORAL GABLES

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date

2/10/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	RUSSELL SWANSON	500 MARBRISA DR	VERO BEACH FL 32963
V.P	RUSSELL SWANSON	500 MARBRISA DR	VERO BEACH FL 32963
SEC	CHARLOTTE SWANSON	500 MARBRISA DR	VERO BEACH FL 32963

10. I certify that I am an officer or director of 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 corrected, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes 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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

RUSSELL SWANSON

02-07-03

772

231 4442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #