

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000012549		
1. Entity Name YOUNG RELOCATION SERVICE, INC.		

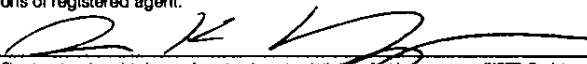
Principal Place of Business 16572 WARING BLVD. JACKSONVILLE, FL 32234	Mailing Address 16572 WARING BLVD. JACKSONVILLE, FL 32234
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2. Principal Place of Business - No P.O. Box # 9546 Ford Rd.	3. Mailing Address 9546 Ford Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bryceville, Florida	City & State Bryceville, Florida
Zip 32009	Zip 32009
Country Nassau	Country Nassau

6. Name and Address of Current Registered Agent YOUNG, BRIAN K 16572 WARING BLVD. JACKSONVILLE, FL 32234	
7. Name and Address of New Registered Agent Name: Young, Brian K Street Address (P.O. Box Number is Not Acceptable): 9546 Ford Rd. City: Bryceville, FL Zip Code: 32009	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

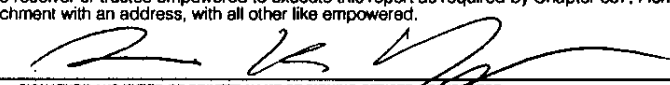
SIGNATURE:  DATE: 6-23-09

Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, BRIAN K 16572 WARING BLVD. JACKSONVILLE, FL 32234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Young, Brian K 9546 Ford Rd. Bryceville, FL 32009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300157767993 06/25/09--01004--019 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 6-23-09 (904) 334-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
09 JUN 25 AM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

