

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # POLOD DIL 8 17 4 1. Corporation Name The "Y" Drive - Thry, Inc. 2714 Hwy 70 East OKeechobee, Ft 34974 2. Principal Office Address Suite, Apt. #, etc. 3. Mailing Office Address City & State OKeechobee, Ft	
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida Applied For DKelchobel, FL Zip Country Zip Country Zip Country To Do Business in Florida Applied For Not Applied For Startus Desired To Do Business in Florida Applied For Not Applied For Not Applied For Not Applied For Startus Desired Sirred Address of Current Registered Agent Name April L. Rose Street Address (P.O. Box Number is Not Acceptable) OOSS SE 3045 PKWY State Zin Code	W
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OKECHOPEL, PC OKECHOPEL, PC 30-0031595 Not Applical Zip Country 34974 Country 7. Name and Address of Current Registered Agent Name April L. Rose Street Address (P.O. Box Number is Not Acceptable) CONSTRUCTION State Zin Code State Zin Code	
34972 USA 34974 USA **CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements of Status Desired for a Certificate Of Status Desired	
Name April L. Rose Street Address (P.O. Box Number is Not Acceptable) (OO25 SE 3045 PKWY Suite, Apr. #, Etc.	ē.
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City State Zin Code	
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ÖKeechobee FL 34974	- -
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 REGISTERED AGENT MUST SIGN	CR2E081 (01/04
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each City / State / Zip	1
P/S/DApril L. Rose 6005 SE 30th Prung of DKeechobice F2 3497	
VB Jennifer Dunson 2045 NE 745+ OKECHOBER R 3497	
D Shelby Dunson 2045 ne 7th St Okeechobee & 349,	
D William T. Rose Jr 6025 St 30th PKM Okelchobel & 3/97	
	ALCOPYER C BOSTOR
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 indicate on this application is true and accurate, and my signature chall have the same legal effect as if made: under oath. SIGNATURE: 3/28/04/	