## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	04 MAY 26 PH 2: 06 SCURLLARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # POZOOO 1. Corporation Name FOREVER YOUNG Mos		
2. Principal Office Address 2100 S OCCAN BLVD	3. Mailing Office Address	EMPT 03-04
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida  4/01/01
City & State FT LANDSROALE, FL	City & State	5. FEI Number Applied For
33316 Country USA	Zip Country	Mot 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  N. Richard Grassand, CPA  Street Address (P.O. Box Number is Not Acceptable)  3132 NW 63 AS STRUCT  Suite, Apt. #, Etc.		
City BOCA RATON State FL 33496		
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 Pate Pate Pate Pate Pate Pate Pate Pat		
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	
DP RICHARD CAPAID	2100 S. OCCAN BLYD	3-K FTLAUDENOALE, FL33316
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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  Date  Date  Date  Date  Date  Date		
SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #