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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000039337					
1. Corporation Name <b>CHARLES C. YOUNG, SR., INC.</b>					
2. Principal Office Address - No P.O. Box # 11814 SW 203RD STREET			3. Mailing Office Address		
Subs. Apt. #, etc.			Subs. Apt. #, etc.		
City & State MIAMI, FLORIDA			City & State		
Zip 33177	Country USA	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida 04/01/2003					
5. FEI Number 58-2334873				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>58.75 Additional Fee Imposed for a Certificate of Status</small>					
7. Name and Address of Current Registered Agent					
Name YOLANDA L. YOUNG					
Street Address (P.O. Box Number is Not Acceptable) 11814 SW 203RD STREET					
Subs. Apt. #, Etc.					
City MIAMI		State FL	Zip Code 33177		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0:03, F.S.					
Signature of Registered Agent <i>Yolanda L. Young</i>				Date 07/31/2009	
REGISTERED AGENT MUST SIGN					
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	
PCEO	YOLANDA L. YOUNG	11814 SW 203RD STREET		MIAMI, FLORIDA 33177	
VP	AMOS YOUNG	11814 SW 203RD STREET		MIAMI, FLORIDA 33177	
ST	YOLANDA L. YOUNG	11814 SW 203RD STREET		MIAMI, FLORIDA 33177	
		<i>8/8/6</i>		800159237358 08/04/09--01031--013 **500.00	
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 contained in Chapter 116, 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: <i>Yolanda L. Young</i>		PCEO/RA		07/31/2009 (305) 299-5444	
SECRETARIAL AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date		Daytime Phone #	

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REINSTATEMENT

05-09

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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