

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 APR 29 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

YOUNGS INSTALLATIONS, INC
P04000052394

2. Principal Office Address - No P.O. Box #

13410 Mascotte Empire Rd
Suite, Apt. #, etc.

Groveland, FL
City & State

34736
Zip

Country

US

3. Mailing Office Address

13410 Mascotte Empire Rd
Suite, Apt. #, etc.

Groveland, FL
City & State

34736
Zip

Country

US

04/29/13--01051--007 **1385.00

600247364196

04/29/13--01051--007 **1385.00
CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

March 2004

5. FEI Number

04-3792450

Applied For

Not 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

Michael B. Young

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

13410 Mascotte Empire Rd.

Suite, Apt. #, Etc.

City

Groveland

State

FL

Zip Code

34736

MAY -13 2013

T. SCOTT

REINSTATEMENT

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

Michael B Young
REGISTERED AGENT MUST SIGN

Date 4/23/13

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael B Young	13410 Mascotte Empire Rd	Groveland, FL 34736
VP	Michael B Young	13410 Mascotte Empire Rd	Groveland, FL 34736
T	Michael B Young	13410 Mascotte Empire Rd	Groveland, FL 34736
S	Michael B Young	13410 Mascotte Empire Rd	Groveland, FL 34736

10. E-mail Address: YNKathy930@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Michael B Young

MICHAEL B YOUNG 4/23/13

Date

352-516-8448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #