2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000146086

Entity Name: JOHNSON, YOUGHKIN & ROBERTSON, INC.

FILED Oct 17, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

2945 NE 3ST. SUITE 102 OCALA, FL 34470

Current Mailing Address: New Mailing Address:

740 SE 56TH AVE 2945 NE 3RD ST OCALA, FL 34471 SUITE 102 OCALA, FL 34470

FEI Number: 30-0393089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, DEAN C
6143 SE 127TH PLACE
BELLEVIEW, FL 34420 US
ROBERTSON, LOU ANN
11814 SE 84TH AVE
BELLEVIEW, FL 34420 US

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.

SIGNATURE: LOUANN ROBERTSON 10/17/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: JOHNSON, DEAN C Name: YOUNGKIN, PAUL F Address: 6143 SE 127TH PLACE Address: 740 SE 56TH AVE

 Address:
 6143 SE 127TH PLACE
 Address:
 740 SE 56TH AVE

 City-St-Zip:
 BELLEVIEW, FL 34420
 City-St-Zip:
 OCALA, FL 34471

Title: VP () Delete Title: VP (X) Change () Addition Name: PAUL, YOUNGKIN F Name: ROBERTSON, LOUANN

 Name:
 PAUL, YOUNGKIN F
 Name:
 ROBERTSON, LOUANN

 Address:
 740 SE 56TH AVE
 Address:
 11814 SE 84TH AVE

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 BELLEVIEW, FL 34420

Title: T,S (X) Delete Title: () Change () Addition

 Name:
 LOUANN, ROBERTSON
 Name:

 Address:
 11814 SE 84TH AVE.
 Address:

 City-St-Zip:
 BELLEVIEW, FL 34420
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOU ANN ROBERTSON VP 10/17/2007