

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 27 PM 1:48

DOCUMENT # P07000020940

1. Corporation Name

Thomas Young's Rescreening Inc.

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

8285 Jayson Drive

Suite, Apt. #, etc.

3. Mailing Office Address

8285 Jayson Drive

Suite, Apt. #, etc.

City & State

Brooksville, Fla

City & State

Brooksville, Fla

Zip

34613

Country

U.S.

Zip

34613

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

February 21 2007

5. FEI Number
20-8481565

☒ 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

Thomas Young

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

8285 Jayson Drive

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34613

☒ 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.

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

Thomas Young

Date 5-21-09

REGISTERED AGENT MUST SIGN

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	THOMAS YOUNG	8285 JAYSON DR.	BROOKSVILLE, FL 34613

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 119, 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:

Thomas Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-09

Date

352-584-1172

Daytime Phone #