PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR '
REINSTATEMEN



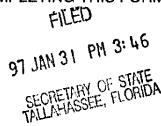
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000031858



1. Corporation Name MICHAEL YOUNG CO., INC.					TAILAHASSEE, PLOM			
Principal Place of Business Mailing Address 3800 NW 132ND ST 3800 NW 132 MIAMI FL 33054 MIAMI FL 330			2ND ST					
If above addresses are incorrect in any way, line through incorrect information and enter 2. New Principal Office Address, If Applicable 3. New Mailing Office Address,					4. Date incorpo	TATEMEI rated or Qualified ess in Florida	04/30/1993	
Suite, Apt. #, etc. City & State City & State Suite, Ap		City & State			5. FEI Number	65-0455013	Applied For Not Applicable	
Zip .	Country	Zip	Country		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and	l/or Director (Flor	ida nonprofit corpora	tions must list at le	ast 3 directors)		· · · · · · · · · · · · · · · · · · ·	
Title(s)	Name of Officers Title(s) and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No		1			
D	YOUNG, ROWENA		3800 NW 132N	D ST		MIAMI FL 33054	:	
. D	YOUNG, EVAN C		3800 NW 132N	D ST	MIAMI FL 33054			
D	YOUNG, MARK		3800 NW 132ND ST			MIAMI FL 33054		
			1000020788211			88211 -01076-006		
•						****375.0	0 ****375.00	
Name and Address of Current Registered Agent			nt	9. Name and Address of New Registered Agent				
				Name	V. Hallo and Hadrood of how Hogelerous Agent			
EVAN YOUNG 3800 NW 132ND ST				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 500 OPA LOCKA FL 33054				Sulte, Apt. #, Etc.				
10. I. being	appointed the register and for the ob	ove named corpo	ration, am familiar wi	City	bligations of Section	F	tate Zip Code	
Signature of Registered Agent Date 11/30/96								
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.)								
this rein owed by	that I am an officer or director or the rece statement application, the reason for diss y the corporation have been paid and the application is true and accurate and my s	olution has been names of individi	eliminated, the corpo uals listed on this for	rate name satisfies m do not qualify for	the requirements an exemption und	of section 607.0401 or 61	17.0401, F.S., that all fees	
SIGNAT		RINTED NAME OF S	IGNING OFFICER OR E	DIRECTOR		Date	Daytime Phone ¥	