

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000041732

1. Corporation Name

BILL YOUNG REFRIGERATION, INC.

2. Principal Office Address

10136 70th ST

Suite, Apt. #, etc.

City & State

LIVE OAK, FL

Zip

32060

Country

USA

3. Mailing Office Address

10136 70th ST

Suite, Apt. #, etc.

City & State

LIVE OAK, FL

Zip

32060

Country

USA

REINSTATEMENT

CR2E081 (8/05)

03-45

4. Date Incorporated or Qualified
To Do Business In Florida

06/07/1993

5. FEI Number

59-3199864

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

WILLIAM J. YOUNG

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

10136 70th ST

Suite, Apt. #, Etc.

City

LIVE OAK

State

FL

Zip Code

32060

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

William J. Young
REGISTERED AGENT MUST SIGN

Date 11/15/05

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
D	WILLIAM J. YOUNG	10136 70th ST	LIVE OAK, FL 32060
	<i>[Signature]</i>		600061910136 12/09/05--01041--016 **1050.00

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 under section 119.07(3)(l), 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:

William J. Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/05

Date

386-364-5320

Daytime Phone #