

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000016394

Entity Name: M. JOEL YON, INC.

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6260 SW CLAYTON SHIVER RD  
KINARD, FL 32449

**New Principal Place of Business:**

**Current Mailing Address:**

6260 SW CLAYTON SHIVER RD  
KINARD, FL 32449

**New Mailing Address:**

FEI Number: 59-3309287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

YON, JOEL  
6260 SW CLAYTON SHIVER RD  
KINARD, FL 32449 US

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

YON, MOREY J  
6260 SW CLAYTON SHIVER RD  
KINARD, FL 32449 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: MOREY J. YON

01/21/2010

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:**

Title: P  
Name: YON, M JOEL  
Address: 6260 SW CALYTON SHIVER RD  
City-St-Zip: KINARD, FL 32449

Title: VP  
Name: YON, E ANGELA  
Address: 6260 SW CLAYTON SHIVER RD  
City-St-Zip: KINARD, FL 32449

I hereby 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 all other like empowered.

SIGNATURE: ANGELA YON

VP

01/21/2010

Electronic Signature of Signing Officer or Director

Date