PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

(FILED
02 MAY 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061522

1. Corporation Name

Y.U.N.K., Inc.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
6100 Red Hook Quarters 1D-1	6100 Red Hook Quarters 1D-1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Thomas, U.S.V.I.	City & State: St Thomas, U.S.V.I.
Zip: 00802 Country: U.S.V.I.	Zip: 00802 Country: U.S.V.I.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3329686 ☐ 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

800005598748--3
-05/23/02--01009--015
****900.00 ****900.00

Name: Robert J. Myers, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1135 Pasadena Avenue South

Suite, Apt. #, Etc.: Suite 140

City: St Petersburg State: FL Zip Code: 33707

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 _____ Date 5-9-2002

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
PSTD	Frank Brittingham	c/o Molly Malones 6100 Red Hook Quarters ID-1	St Thomas U.S.V.I. 00802

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)(i), 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: Frank Brittingham as President 5/8/02 (809) 454-3244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #