


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION '05 AR |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
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FILED
05 APR 22 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P9500006871D*

1. Corporation Name
DENNIS L. YOUNGBLOOD P.A.

2. Principal Office Address
6460 W Gulf to Lake Hwy

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
SUITE 1

Suite, Apt. #, etc.

City & State
CRYSTAL RIVER, FL

City & State

Zip
34429

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 08/31/1995

5. FEI Number
59-3335123

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DENNIS L. YOUNGBLOOD

Street Address (P.O. Box Number is Not Acceptable)
6460 W GULF TO LAKE HWY

Suite, Apt. #, Etc.
SUITE 1

City
CRYSTAL RIVER

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 4/20/05

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 |
|--------|-----------------------------------|--|--------------------|
| PRES | DENNIS L. YOUNGBLOOD | SAME AS ABOVE | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

51220