## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000027802  1. Entity Name YB NORML, INC.			FILED 08 HOV -3 PM 4: 08
Principal Place of Business  35960 US 19N  PALM HARBOR, FL 34684 US  Mailing Address 35960 US 19N  PALM HARBOR, FL 34684 US		1684 US	ALLANASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		102FENSTATEMENT98 (1/07) 08
City & State	City & State		4. FEI Number         Applied For           59-3370515         Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Sequence Sequen
6, Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
O'STEEN, JULIE 7220 PLATHE RD		Street Address	(P.O. Box Number is Not Acceptable)
NEW PORT RICHEY, FL 34653			
		City	FL Zip Code
8. The above partied entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Supplies a special of printed name of respective agent and tille if applicable (NOTE: Registered Agent signature required when reinstating)  DATE			
FILE NOWIII FEE IS \$150.00			
After January 1, 2009, Fee will be \$300.	00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME OSTEEN, JULIE A	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS 35960 US 19N		STREET ADDRESS	800137571949
CITY-ST-ZIP PALM HARBOR, FL 34684		CITY-ST-ZIP	500137571848 
NAME	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
TITLE	□ Delete	TITLE	☐ Change ☐ Addition
NAME	_ Delete	NAME	
STREET ADDRESS-	3	CITY+ST+ZIP	
TITLE	☐ Delete	TITLE	Change Addition
NAME		NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS  CITY-ST-ZIP	
TITLE	Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY+ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurrigle and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all ether like empowered.			