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, <b>J</b>	PLEASE	READ	ALE INST	RUCTIONS BEFORE	COMPLET	ING THIS FOR	.M.		
	PORATION STATEMENT		S	DEPARTMENT OF STAT Secretary of State SION OF CORPORATIONS		4 APR 21 AM 1 SECHETARY OF S ALLAHASSEE, FL	1: 19 STATE ORIDA		
II. Corpora	JMENT # P Q T								
NANCY YOUNG, INC.									
1/1040000 /2836 F						EINSTATEMENT 98-04 300030501655 03/16/04-01009-017 **1500.00			
2. Frincipal Office Address P. O. Box 1550 P. O.					U3/16	/04010090	17 **15U	J. UU '	
P. O. Box 1550 P.o. Suite, Apt. #, etc. Suite, Apt. #,				B=x 1550					
			t 4. Date In To Do			orporated or Qualified usiness in Florida 04 07/1997			
SANIBEL, FL						Number Applied For Not Applicable			
33°	Country		Zip 3399	Country	6.	0 7 9 7 6 5 9 □	\$8.75 Additional		
7.5	137 (03)	<u>T</u>	<u>'</u>	ame and Address of Current Reg		E OF OTATOO DEGINED	for a Certificate	of Status	
	Name  KEYIN F. JURSINSKI  300030501653  03/26/04-01100-007 **150 00  Street Address (P.O. Box Number is Not Acceptable)  7800 UNINERSITY POINTE PRINE, SUITE 200  Suite, Apt. #, Etc.								
	City FORT MYERS					State Zip Code	<del></del>		
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									
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			
P	NANCY Young Mosny.		P.O. BOX 1550		SANIBEL, FL 33957				
VP	NANCY YOUNG MOSNY. RUDOLF Y. MOSNY		P.O. BOX 1550		SANIBEL, FL 33957				
	***						enter -		
					Micro	31198	- C) /		
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 TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date									