

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

03 OCT 29 PM 5:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000016580

**1. Corporation Name**

GARMAN & YOUNG III, INC.

**2. Principal Office Address**

801 N. STATE STREET

Suite, Apt. #, etc.

City & State

BUNNELL, FL

Zip

32110

Country

USA

**3. Mailing Office Address**

1515 HIGHWAY 17, NORTH

Suite, Apt. #, etc.

City & State

EAGLE LAKE, FL.

Zip

33839

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2-19-1999

**5. FEI Number**

59-3558963

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 00-03

**7. Name and Address of Current Registered Agent**

Name

NANCY L. YOUNG

Street Address (P.O. Box Number is Not Acceptable)

134 WYNDHAM DRIVE

000024105120

Suite, Apt. #, Etc.

10/27/03 01030 017 ##120 .00

City

WINTER HAVEN

State

FL

Zip Code

33884

**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

*Nancy L. Young*  
REGISTERED AGENT MUST SIGN

Date 10-22-03

**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	CHARLES R. GARMAN	1762 TREE BLVD.	ST. AUGUSTINE, FL 32084
V.P.	CHARLES J. YOUNG, III	1515 HIGHWAY 17 NORTH	EAGLE LAKE, FL. 33839
SEC/TR	NANCY L. YOUNG	1515 HIGHWAY 17 NORTH	EAGLE LAKE, FL. 33839
ASST T	LOIS K. GARMAN	1762 TREE BLVD.	ST. AUGUSTINE, FL. 32084

**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

10-22-03 863-294-7749

Date

Daytime Phone #

CR2E081 (1/0/02)