PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

01 FEB 27 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # 575185

1. Corporation Name

J. Y. Ventures, Inc.

2. Principal Office Address

4174 Old Federal Rd.

Suite, Apt. #, etc.

City & State
Quincy Fl.

Zip 32351 | Country GADSDEN

3. Mailing Office Address

P.O. Box 939

Suite, Apt. #, etc.

City & State
Quincy Fl.

Zip 32353 | Country GADSDEN

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 8-22-91

5. FEI Number 59-3093248 | Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED X | $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Jimmy Young

Street Address (P.O. Box Number is Not Acceptable)
4168 Old Federal Rd.

Suite, Apt. #, Etc.

City Quincy | State FL | Zip Code 32351

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***1808.75 ***1808.75

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 2-27-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PD	~~Jimmy~~ Joyce Young	4168 Old Federal Rd.	Quincy Fl. 32351
V	Jimmy Young	4168 Old Federal Rd	Quincy Fl. 32351
			LS

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: _____ Jimmy Young 2-27-01 850 875-4771

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