

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 21 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S87076**

1. Corporation Name

YOUNG BROTHERS DEVELOPMENT (USA), INC.

Principal Place of Business

Mailing Address

1550 MADRUGA AVE
SUITE 329
CORAL GABLES FL 33146
US

1550 MADRUGA AVE
SUITE 329
CORAL GABLES FL 33146
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0291719

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RICHARDS, RICHARD	1025 THOMAS JEFFERSON ST	WASHINGTON DC
ST	BECKER, BENTON L.	1550 MADRUGA AVENUE	CORAL GABLES FL

700003119917--0
-02/01/00--01144--012
****750.00 ****750.00

700003119917--0
-02/01/00--01144--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BECKER, BENTON L.
1550 MADRUGA AVE
SUITE 329
CORAL GABLES FL 33146

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/14/00

11. 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

Becker

Date

Daytime Phone #

(305) 662-4009