

2009 FOR PROFIT CORPORATION REINSTATEMENT



FILED

09 APR 28 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200152884992

04/28/09--01004--001 **308.75



REINSTATEMENT

DOCUMENT # 838793		1. Entity Name DANIEL F. YOUNG, INCORPORATED	
Principal Place of Business 1235 WESTLAKES DRIVE SUITE 255 BERWYN, PA 19312 US		Mailing Address 1235 WESTLAKES DRIVE SUITE 255 BERWYN, PA 19312 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-5496410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code

8. The above named 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.

Madonna Cuddihy
Special Assistant Secretary

SIGNATURE: *Madonna Cuddihy* DATE: **4-24-09**

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYATT, AARON WESLEY IV			NAME			
STREET ADDRESS	1235 WESTLAKES DRIVE, SUITE 255			STREET ADDRESS			
CITY-ST-ZIP	BERWYN, PA 19312			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLIGAN, KEVIN			NAME			
STREET ADDRESS	1235 WESTLAKES DRIVE, SUITE 255			STREET ADDRESS			
CITY-ST-ZIP	BERWYN, PA 19312			CITY-ST-ZIP			
TITLE	S/T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRAYNOR, DENISE			NAME			
STREET ADDRESS	1235 WESTLAKES DRIVE, SUITE 255			STREET ADDRESS			
CITY-ST-ZIP	BERWYN, PA 19312			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYATT, AARON WESLEY III			NAME			
STREET ADDRESS	1235 WESTLAKES DRIVE, SUITE 255			STREET ADDRESS			
CITY-ST-ZIP	BERWYN, PA 19312			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	BETTY REYNOLDS		
STREET ADDRESS				STREET ADDRESS	1235 WESTLAKES DRIVE, SUITE 255		
CITY-ST-ZIP				CITY-ST-ZIP	BERWYN, PA 19312		
TITLE		<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	JOHN WULUDIS		
STREET ADDRESS				STREET ADDRESS	1235 WESTLAKES DRIVE, SUITE 255		
CITY-ST-ZIP				CITY-ST-ZIP	BERWYN, PA 19312		

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 or supplemental report is true and accurate 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 or 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 other like empowered.

SIGNATURE: *Denise Traynor CFO* DATE: **4/23/09**

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