

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 13 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000006235**

1. Corporation Name

**Y-HAT, INC.**

2. Principal Office Address

**1822 Atlantis Place**

Suite, Apt. #, etc.

3. Mailing Office Address

**1822 Atlantis Place**

Suite, Apt. #, etc.

City & State

**Tallahassee, FL.**

City & State

**Tallahassee, FL.**

Zip  
**32303**

Country  
**USA**

Zip  
**32303**

Country  
**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**Jan 17, 2001**

5. FEI Number

**59-3700856**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

02-04

7. Name and Address of Current Registered Agent

Name

**Clyde L. Diao**

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

**1307 Walden Road**

Suite, Apt. #, Etc.

City

**Tallahassee, FL.**

State

**FL**

Zip Code

**32317**

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 **Dec. 9, 2004**

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
President	Neil Crispo	1822 Atlantis Place	Tallahassee, FL. 32303
VP	Michael Fisher	4158 Forsythe Way	Tallahassee, FL. 32309
COO	Pan Jorgensen	14822 Aquarius	Corpus Christi, TX 78418
Director	Paul Maxima	3826 Wedgewood Dr. SW	Wyoming, MI 49519
Director	Clyde L. Diao	1307 Walden Rd.	Tallahassee, FL. 32317

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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

**Dec. 9, 2004 (850) 922-5154**

Date

Daytime Phone #

CR2E081 (01/04)