

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 28 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000488

1. Corporation Name

Robert Yates Promotions, Inc.

2. Principal Office Address

6301 Performance Drive

Suite, Apt. #, etc.

City & State

Concord, NC

Zip
28027

Country
USA

3. Mailing Office Address

1480 S. Hohokam Drive

Suite, Apt. #, etc.

City & State

Tempe, AZ

Zip
85281

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida 2/01/1994**

5. FEI Number
561840878

Applied For
Not Applicable

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

REINSTATEMENT 95-24

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City
Plantation.

State
FL

Zip Code
33324

600034459746
04/28/04--01058--026 **2100.00

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

Terrie L. Bates, Asst Secy
Terrie L. Bates, Asst Secy

REGISTERED AGENT MUST SIGN

Date

4/26/04

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
CEO, P, C, D	Fred W. Wagenhals	1480 S. Hohokam Drive	Tempe, AZ 85281
CFO, T, S, V, D	R. David Martin	1480 S. Hohokam Drive	Tempe, AZ 85281
Ast. S	Kory A. Klecker	1480 S. Hohokam Drive	Tempe, AZ 85281

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)(f), 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:

Kory Klecker - Kory Klecker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

602-337-3700

Date *4/15/2004* Phone #

CR2E081 (01/04)

TR