

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 12 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # H22057

1. Corporation Name

YANO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2306 E EDGEWOOD DRIVE  
LAKE LAND FL 33803

2306 E EDGEWOOD DRIVE  
LAKE LAND FL 33803

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3825 Cheverly Dr. W

3825 Cheverly Dr. W

City & State

City & State

Lakeland FL

Lakeland FL

Zip

Country

Zip

Country

33813

Polk

33813

Polk

REINSTATEMENT



100025455221

12/12/03--01040--009 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/1984

5. FEI Number

59-2454339

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
PT	YANO, YOSHIKAZU	3825 CHEVERLY DRIVE WEST	LAKELAND FL 33813

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YANO, YOSHIKAZU  
3825 CHEVERLY DRIVE WEST  
LAKELAND FL 33803

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

Date

12/10/03

REGISTERED AGENT MUST SIGN

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:

Yoshikazu Yano

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/03 (863) 665-9165

CR2E040 (7/03)