

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 23 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 36561

1. Corporation Name

Yarborough Properties Corporation

2. Principal Office Address

Rt 2 Box 57 / Hwy 219

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 566

Suite, Apt. #, etc.

City & State

Clifton, Tx

Zip

Country

76634

USA

City & State

Clifton, Tx

Zip

Country

76634

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/03/85

5. FEI Number

59-2635073

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

Betty Yarborough

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

14200 NW 4th St

Suite, Apt. #, Etc.

City

Sunrise

State
FL

Zip Code

33325

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

Betty Yarborough
REGISTERED AGENT MUST SIGN

Date 2/12/01

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
PSTD	Betty Yarborough	RT 2 Box 57 / Hwy 219	Clifton, Tx 76634

600003795306--8
-03/02/01--01022--013
****300.00 ****300.00

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: *Betty Yarborough*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/12/01

Daytime Phone # 2546753956

CR2E081 (9/00)