

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 29 PH 4: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J44103

1. Corporation Name

H. A. YEARGIN & ASSOCIATES, P.A.

2. Principal Office Address

268 Sweetbriar Branch Lane

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32259

Country

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 11/20/1986

5. FEI Number

592748264

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT on

7. Name and Address of Current Registered Agent

Name

Head, Koko

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

9309 Old Kings Road S.

Suite, Apt. #, Etc.

Suite 4

City

Jacksonville

State

FL

Zip Code

32257

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent

Date

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
P,D	Alice A. Yeargin	268 Sweetbriar Branch Lane	Jacksonville, FL 32259
SVPD	H.A. Yeargin	268 Sweetbriar Branch Lane	Jacksonville, FL 32259
D	David W. Yeargin	8736 Maple Hollow Ct.	Granite Bay, CA 95746

000042314860

10/29/04--01053--020 \*\*150.00

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)(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:

*Alice A. Yeargin Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/04 (904) 704-9300

Date

Daytime Phone #

CR2ED61 (9/1/04)

**H.A. YEARGIN & ASSOCIATES, P. A.**

268 Sweetbriar Branch Lane  
Jacksonville, Florida 32259  
Telephone: (904) 230-1783

October 28, 2004

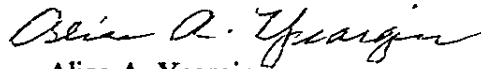
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32399

Re: H.A. Yeargin & Associates, P.A.

Gentlemen:

I just learned that my corporation was administratively dissolved on October 1, 2004 for failure to send in the UBR and \$150.00 fee. As you will see in my attached Corporate Reinstatement form, my address changed at the end of last year and I never received the forms in the mail. I request that you please reinstate my corporation and waive the late filing penalty since I did not receive the information and forms. Thank you.

Sincerely,

  
Alice A. Yeargin  
President

enclosures