

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # J66974

1. Corporation Name

JOHN F. YEAGER, P.A.

99 OCT 25 PM 4:20

Principal Place of Business

Mailing Address

~~300 SEVILLA AVE STE 311~~ 11540 SW 107 CT
~~215 CORAL GABLES FL 33134~~ MIAMI, FL
~~US~~ 33351 US

11540 SW 107 CT
MIAMI, FL 33351



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2780533

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	YEAGER, JOHN F	300 SEVILLA AVE STE 311 11540 SW 107 CT	CORAL GABLES FL MIAMI, FL

700003033237--6
11/02/99--01108--010
****150.00 ****150.00

11/11

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YEAGER, JOHN F
~~300 SEVILLA AVE STE 311~~ 11540 SW 107 CT
~~CORAL GABLES FL 33134~~ MIAMI, FL 33351

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.

Signature of

Registered Agent

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/99)

John F. Yeager, P.A.
11540 SW 107TH Court
Miami, FL 33351

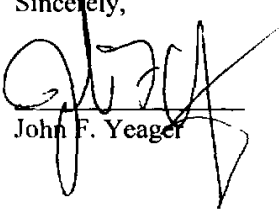
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

This letter is regarding the Notice of Administrative Dissolution or Revocation of my corporation. During 1998 my business address changed. My Annual Corporate Return did not get forwarded to my new address. My accounting matters were being handled by Irvin Mishkin, CPA. He was in the process of retiring and due to changes at that time the filing of my Corporate Annual Return was inadvertently overlooked. Attached please find check # 1190 in the amount of \$150.00 and necessary corrections. Obviously it was not my intention to have my corporate status expire. Unfortunately I depended upon Mr. Mishkin to deal with this. Please take into consideration the above and abate the penalties. Thank you for your consideration.

If you have any questions or are in need of any additional information please call my office.

Sincerely,


John F. Yeager