

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

99 OCT 25 PM 4:20

1. Corporation Name  
 JOHN F. YEAGER, P.A.

Principal Place of Business Mailing Address  
~~215~~ 11540 SW 107 CT 11540 SW 107 CT  
~~CORAL GABLES FL 33134~~ MIAMI, FL ~~CORAL GABLES FL 33134~~ MIAMI, FL 33351  
 US 33351 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Tax 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
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	YEAGER, JOHN F	<del>800 DEVILDA AVE STE 311</del> 11540 SW 107 CT	<del>CORAL GABLES FL</del> MIAMI, FL

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

8. Name and Address of Current Registered Agent YEAGER, JOHN F <del>800 DEVILDA AVE, STE 311</del> 11540 SW 107 CT CORAL GABLES FL 33134 MIAMI, FL 33351	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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 # \_\_\_\_\_

CRZC040 (8/99)

John F. Yeager, P.A.  
11540 SW 107<sup>TH</sup> Court  
Miami, FL 33351

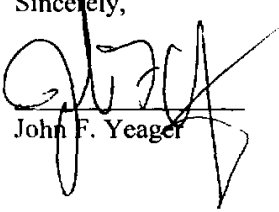
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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