

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 10 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K78433**

1. Corporation Name

SUE ANN YOCKEY, INC.

Principal Place of Business

Mailing Address

~~5196 EL CLARO CIRCLE
WEST PALM BEACH FL 33415~~

~~5196 EL CLARO CIRCLE
WEST PALM BEACH FL 33415~~



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable

4446 Carver Street

3. New Mailing Office Address, If Applicable

P. O. Box 6440

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL 33461

City & State

Lake Worth, FL 33466

Zip

33461

Country

Zip

33466

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1989

5. FEI Number

65-0117071

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	YOCKEY, SUE ANN	5196 EL CLARO CIRCLE	WEST PALM BEACH FL
DP	YOCKEY, David K.	4666 Carver Street	Lake Worth, FL 33461

000002346470--4
-11/13/97--01070--011
****750.00 ****750.00

11/11/12

8. Name and Address of Current Registered Agent

**BOURNE, ROBERT E., JR.
521 LAKE AVENUE, SUITE 3
LAKE WORTH FL 33460**

9. Name and Address of New Registered Agent

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

Robert E. Bourne
REGISTERED AGENT MUST SIGN

Date **11-6-9**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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

11-6-9 **7** **361-4333157**
Date Daytime Phone #

CR2E040 (8/97)