

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 SEP -4 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M22728

1. Corporation Name

YARICK AND ASSOCIATES, Inc.

2. Principal Office Address

8440 127th DR.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 324

Suite, Apt. #, etc.

City & State

LIVE OAK FL

City & State

LIVE OAK, FL.

Zip

32060

Country

USA

Zip

32060

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/31/1985

5. FEI Number

59-2604837

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM W YARICK

400004575704--0

-09/07/01--01099-025

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

8440 127th DR

***1658.75 *** 658.75

Suite, Apt. #, Etc.

City

LIVE OAK

State

FL

Zip Code

32060

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**

W W Yarick

REGISTERED AGENT MUST SIGN

Date 08/21/01

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
PSD	YARICK, WM. W.	8440 127th DR	LIVE OAK, FL. 32060
T/O	YARICK, SARA C	8440 127th DR	LIVE OAK, FL 32060

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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:

W W Yarick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/21/01 (386) 364-4189

Date

Daytime Phone #