

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -8 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008447

1. Corporation Name

NA64 YALE FOUNDATION, INC.

Principal Place of Business

31111 US 19 N
PALM HARBOR FL 34684

Mailing Address

31111 US 19 N
PALM HARBOR FL 34684

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/2000

5. FEI Number

59-3689991

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KRAUSER, PETER	2999 ELYSLUM WAY	CLEARWATER FL 33759
D	KRAUSER, ELLEEN	2999 ELYSLUM WAY	CLEARWATER FL 33759
D	SNYDER, E.J.	3111 US 19 N	PALM HARBOR FL 34684
D	Barasch, Stephen	830 Island Way	Clearwater, FL 33767
D	Barasch, Deborah	830 Island Way	Clearwater, FL 33767

8. Name and Address of Current Registered Agent

SKAISKI, JOSEPH C
14010 ROOSEVELT BLVD, STE 708
CLEARWATER FL 33762

9. Name and Address of New Registered Agent

Name

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

000008591320

Suite, Apt. #, Etc.

10/25/02-01037-024 **236.25

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. or 617.0505, F.S.

Signature of
Registered Agent

Joseph C. Skaiski
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/6/02

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:

Joseph C. Skaiski
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

727-786-1605

Daytime Phone #

CR2E040 (8/02)