

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -9 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005070

1. Corporation Name

YELLOW MOUNTAIN INSTITUTE, INC.

Principal Place of Business

3581 SARASOTA GOLF CLUB BLVD.
SARASOTA FL 34240
US

Mailing Address

PO BOX 205
BATESVILLE VA 22824
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5/4/99 90112 023 8101.25

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1994

5. FEI Number

65-0534576

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 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	ROYSE, LAUREL E	3581 SARASOTA GOLF CLUB BLVD.	SARASOTA FL
D	ROYSE, DOUGLAS E	3581 SARASOTA GOLF CLUB BLVD.	SARASOTA FL
D	LOPEZ, E. JOHN	3581 SARASOTA GOLF CLUB BLVD.	SARASOTA FL

8. Name and Address of Current Registered Agent

ROYSE, LAUREL E
3581 SARASOTA GOLF CLUB BLVD.
SARASOTA FL 34240

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 807.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12.1.99

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 807 or 817, 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 807.0401 or 817.0401, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

804.979-5515

0094982 AB

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December 1, 1999

Divison of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Yellow Mountain Institute, N94000005070

Dear Sirs/Madam:

I recently received a notice of dissolution of my corporation. I called and spoke with someone in your office explaining that the fee had been sent and my check cashed. Also, there was some confusion as to the directors of the corporation. At one point, when I thought that I could have just one director, I sent in a correction to that effect. Subsequently, I received a notice from you stating that I must have three directors. At that time, I sent a letter to your office asking you to leave the directors as they were for the previous year.

I am asking that you check your records to verify this information, reinstate my corporation and waive the reinstatement fee.

Should you have any questions, please contact me at (804) 979-5515 or write to me at P.O. Box 205, Batesville, Virginia 22924.

Thank you for your attention to this matter.

Sincerely,


Laurie Royse