PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# CORPORATION REINSTATEMENT

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

108

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000848

**1.** Corporation Name

Yesteryear Antique Power Association, Inc.

**REINSTATEMENT** 00-01

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 4279 Leo Lane | | 4279 Leo Lane | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Palm Beach Gardens, FL | | Palm Beach Gardens, FL | |
| Zip: 33410 | Country: US | Zip: 33410 | Country: US |

**4.** Date Incorporated or Qualified To Do Business in Florida: 2/19/96

**5.** FEI Number: 65-0679203 ☐ Applied For ☐ Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☒ X — $8.75 Additional Fee required for a Certificate of Status

**7.** Name and Address of Current Registered Agent

Name: James D. Ryan

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****306.25 ****306.25
LS

Street Address (P.O. Box Number is Not Acceptable): 11891 US Highway One, Ste. 201

Suite, Apt. #, Etc.:

City: North Palm Beach | State: FL | Zip Code: 33408

**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: _____ Date: 4-12-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

**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 |
|---|---|---|---|
| P | Perez, Johnny | P.O. Box 101 | Odessa, FL 33556 |
| VP | Richardson, Steve | 701 SW 18th Court | Ft. Lauderdale, FL 33315 |
| ST | Wagner, Margaret | 4279 Leo Lane | Palm Beach Gardens, FL 33410 |
| D | Byrnes, Rick | 16356 Secretariat Dr. E | Loxahatchee. FL 33470 |
| D | Knittel, Bobby | 4379 Tellin Ave. | West Palm Beach, FL 33406 |
| D | Reilly, Terri | 7222 Oakmont Dr. | Lake Worth, FL 33467 |

**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:** JOHNNY PEREZ — 4-18-01 — 813-920-4407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OFFICERS (Cont)

| | | | |
|---|---|---|---|
| (D) | Claus von Grote | 14916 13th Lane N | Loxahatchee Groves, FL 33074 |
| (D) | Wagner, Gaywood | 4279 Leo Lane | Palm Beach Gardens, FL 33410 |