

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR ~~WAS~~
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000013586

1. Corporation Name

YADDA YADDA, INC.

Principal Place of Business

85 COREY CIRCLE
ST. PETERSBURG FL 33706

Mailing Address

85 COREY CIRCLE
ST. PETERSBURG FL 33706

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

2. New Principal Office Address, If Applicable

2625 QUINCY ST S.
Suite, Apt. #, etc.
GULFPORT FL

3. New Mailing Office Address, If Applicable

2625 QUINCY ST S
Suite, Apt. #, etc.
GULFPORT FL

City & State

City & State

Zip

Country

33711

Zip

Country

33711

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2000

5. FEI Number

59-3623097

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	MILLER, LINDA S.	2026 COFFEE POT BLVD., NE	ST. PETERSBURG FL 33704
P	SUIDERSKAS, Eugene	2625 QUINCY ST S GULFPORT FL 33711-3743	GULFPORT FL 33711
VP	SUIDERSKAS, DEBBIE	2625 QUINCY ST S GULFPORT FL 33711	GULFPORT FL 33711
		200009083582 11/19/02--01069--001 **8.75	

8. Name and Address of Current Registered Agent

MILLER, LINDA S.
85 COREY CIRCLE
ST. PETERSBURG BEACH FL 33706

9. Name and Address of New Registered Agent

Name
DEBBIE SUIDERSKAS
Street Address (P.O. Box Number is Not Acceptable)
2625 QUINCY ST S.
Suite, Apt. #, Etc.
City
GULFPORT
State
FL
Zip Code
33711

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

SIGNATURE REQUIRED
DEBBIE SUIDERSKAS
REGISTERED AGENT MUST SIGN

Date 11-5-02

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:

SIGNATURE REQUIRED
DEBBIE SUIDERSKAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

11-5-02

To Whom It May Concern:

My Husband and I (Eugene and Debra Sviderskas) Recently took over Yadda Yadda Inc. We have never received any documents to file for this corporation. We are sending in this form with the changes that need to be made.

We are also sending a ck for \$8.75. Please send us a new certificate of status.

Thank You

Debbie Sviderskas

Debbie Sviderskas