

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

2001 UBR

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

DOCUMENT # **P00000042511**

1. Corporation Name
YORKSHIRE ROSE INC.

2. Principal Office Address 2030 CHAMPIONS WAY	3. Mailing Office Address 2030 CHAMPIONS WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NORTH LAUDERDALE, FL	City & State NORTH LAUDERDALE, FL
Zip 33068 Country USA	Zip 33068 Country USA

FILED

01 OCT -2 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100004641871--0
-10/18/01--01060--003
****150.00 ****150.00

4. Date Incorporated or Qualified To Do Business in Florida **APRIL 2000**

5. FEI Number **65-1002780** ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$0.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name **YVONNE WHELAN**

Street Address (P.O. Box Number is Not Acceptable)
2030 CHAMPIONS WAY,

Suite, Apt. #, Etc. **LS**

City **NORTH LAUDERDALE** State **FL** Zip Code **33068**

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

Y. Whelan

REGISTERED AGENT MUST SIGN

Date **10/01/01**

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
MRS D	YVONNE WHELAN	2030 CHAMPIONS WAY	NORTH LAUDERDALE, FL 33068
MR D	TIMOTHY WHELAN	2030 CHAMPIONS WAY	NORTH LAUDERDALE, FL 33068

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:

Y. Whelan

Y. WHELAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/01

Date

954 597 6001

Daytime Phone #

CR20081 (8/00)

208

Monday, October 01, 2001

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee
Fl, 32314

Dear Sir/Madam

REF: YORKSHIRE ROSE INC

Please find, herewith, a completed reinstatement form in connection to my above Company along with a check for \$150.00.

Unfortunately, I never received an application form in April and have only just found out that a reinstatement has to be applied for every year. If I had known this, it would have been forwarded to you immediately. I did have an address change in February 2000, even though you were only notified around June/July 2000.

I apologise for this and would ask you to waive the \$600.00 fee in light of the circumstances and I thank you for your consideration.

Yours sincerely



Yvonne Whelan
Encs