

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 11 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P0000045276

**1. Corporation Name**

P. A. YODER CONSTRUCTION, INC.

**2. Principal Office Address**

3485 HACIENDA ST

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34240

Country

USA

**3. Mailing Office Address**

3485 HACIENDA ST

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34240

Country

USA

**REINSTATEMENT**

03

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

05/15/2000

**5. FEI Number**

69-1006919

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

P. A. YODER

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

1801 VERNA RD

Suite, Apt. #, Etc.

City

MYAKKA CITY

State

FL

Zip Code

34251

**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

REGISTERED AGENT MUST SIGN

Date 12/01/03

**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	P. A. YODER	1801 VERNA ROAD	MYAKKA CITY, FL 34251
VP	JOSEPH DOYLE	2345 VINTAGE ST	SARASOTA, FL 34240
SEC	KAREN YODER	1801 VERNA ROAD	MYAKKA CITY, FL 34251

**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:

P. A. YODER, PRES

12/01/03

X941-737-9458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #