

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 17 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000071454

1. Corporation Name

YANNICELLI DISTRIBUTORS, INC.

2. Principal Office Address - No P.O. Box #

5648 NW WHITECAP ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

5648 NW WHITECAP ROAD

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE, FL

Zip

34986

Country

U.S.A.

Zip

34986

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/2000

5. FEI Number

65-103-1581

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

YANCEY, RICHARD A.

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

5648 NW WHITECAP ROAD

Suite, Apt. #, Etc.

City

PORT ST LUCIE, FL

State

FL

Zip Code

34986

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Richard A. Yancey

REGISTERED AGENT MUST SIGN

Date

1/16/08

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
PD	YANCEY, RICHARD A.	5648 NW WHITECAP ROAD	PORT ST LUCIE, FL
			300115874973 01/23/08--01022--023 **900.00

REINSTATEMENT

RLH 01-08

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 contained in Chapter 119, 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:

Richard A. Yancey

RICHARD A. YANCEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

Date

Daytime Phone #

561-715-1074
772-340-0212
~~561-715-1074~~