

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -3 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002667

1. Corporation Name

Yip & Associates, Inc.

2. Principal Office Address

114 Shellie Court

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32779

Country

Seminole

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

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

12/31/00

5. FEI Number

59-3699005

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

Kathy Yip

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

114 Shellie Court

Suite, Apt. #, Etc.

City

Longwood

State
FL

Zip Code

32779

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

11/01/04

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 |
|---------------|--|---|---------------------------|
| D | Kathy Yip | 114 Shellie Court | Longwood, FL 32779 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

000042436550
11/03/04--01027--017 **\$600.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (01/04)

**YIP & ASSOCIATES, INC.
114 Shellie Court
Longwood, FL 32779**

August 31, 2004

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Corporate reinstatement Yip & Associates, Inc P01000002667

Dear Sirs:

Enclosed is the application for Corporation Reinstatement for Yip & Associates, Inc.

This corporation was administratively dissolved for non-payment of the 2001 Corporate Annual Report.

It has just come to my attention that the annual reports have not been filed. I was not aware that they needed to be filed and didn't receive any correspondence from your office on this matter.

The address listed for Yip & Associates on the Florida Profit register is 13900 NW 126th Terrace, Alachua, FL 32615-4814. I have never lived or had my business at this address. I do not know how the address got in your system, but it has never been my address.

In 2002, a sinkhole developed at my home on 5604 Shasta Drive and we had to move. The Shasta Drive address is the one listed as the registered agent address.

Since 2002 I have lived and had my business at 114 Shellie Court, Longwood, FL. 32779

Because of the address errors, I didn't receive any of the original Corporate Annual Report for 2001, 2002, 2003 or 2004. Therefore, I am asking that you waive any additional fees and grant the reinstatement of each year for \$150.

Enclosed is a check for \$600 to cover the cost of the reinstatement for the 2001, 2002, 2003, and the 2004 annual fee.

Yours truly,

A handwritten signature in black ink, appearing to read 'Kathy Yip', with a long horizontal flourish extending to the right.

Kathy Yip, President