

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 13 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ~~37-8012869000-0~~ P010000

1. Corporation Name

YOGANI STUDIOS, INC.

57882

REINSTATEMENT 02-03

2. Principal Office Address

1617 W. PLATT ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33606

Country

HILLS

Zip

Country

200024651832

11/13/03--01061--014 \*\*750.00

08/25/03 90215 043 150.00

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

June 6, 2001

5. FEI Number

01-0551501

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

ALLEN WATKINS, PA

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

707 Nth Franklin Street

Suite, Apt. #, Etc.

SUITE 750

City

TAMPA

State

FL

Zip Code

33602

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

Allen C. Watkins

Date

11-7-03

REGISTERED AGENT MUST SIGN

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/S	ANN E. OKERLIN	5009 The Riviera	Tampa, FL 33609
V	JOHN R. OKERLIN	5009 The Riviera	Tampa, FL 33609

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

Ann E Okerlin

Date

11/5/03 813.495.9642

Daytime Phone #

CR2E081 (10/02)