

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000077691

1. Corporation Name

DIANA YAKOWEC P.A.

Principal Place of Business

7050 NW 44TH ST.  
SUITE 107  
LAUDERHILL FL 33319

Mailing Address

7050 NW 44TH ST.  
SUITE 107  
LAUDERHILL FL 33319

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/2001

5. FEI Number

65-1130507

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

PRES

DIANA YAKOWEC

7050 NW 44TH ST #107

LAUDERHILL FL 33319

800008786548  
11/04/02-01064 021 \*\*150.00

8. Name and Address of Current Registered Agent

EVE SARDI  
101 BRINY AVE  
SUITE 105  
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name

DIANA YAKOWEC

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

7050 NW 44TH ST

Suite, Apt. #, Etc.

107

City

LAUDERHILL

State

FL

Zip Code

33319

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11-1-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-1-02

Daytime Phone #

(954)  
270-5158

DIANA YAKOWEC PA  
7050 NW 44<sup>th</sup> Street, #107  
Lauderhill, FL 33319-4085

FEI#: 65-1130507

October 31, 2002

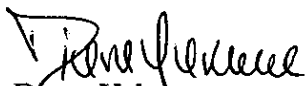
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that my Company opened in July 2001. Unfortunately, my previous Accountant did not inform me when the Corporate Annual Report was due and subsequently I did not receive the pre-printed form. I have since hired a new Accountant and have straightened out my tax situation. If you check my records, you will see that I am never late with any of my tax payments. I respectfully request that you accept this check for \$150.00 and reinstate my corporation and send me the pre-printed Corporate Annual Report in the future.

Thank you for your time.

Sincerely,



Diana Yakowec  
President