

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -5 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118774

1. Corporation Name

The "Y" Drive-Thru, Inc.
2776 Hwy 70 East
Okeechobee, FL 34974

2. Principal Office Address

2776 Hwy 70 East

Suite, Apt. #, etc.

3. Mailing Office Address

6025 SE 30th Pkwy

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

Zip

34972

Country

USA

Zip

34974

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/2002

5. FEI Number

30-0031595

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04
500031763315
04/05/04--01007--005 **750.00
WOP

7. Name and Address of Current Registered Agent

Name

April L. Rose

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

6025 SE 30th Pkwy

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34974

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

April L. Rose

Date

3/28/04

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/D	April L. Rose	6025 SE 30th Pkwy OFFICE	Okeechobee FL 34974
V/D	Jennifer Dunson	2045 NE 7th St	Okeechobee FL 34974
D	Shelby Dunson	2045 NE 7th St	Okeechobee FL 34974
D	William T. Rose Jr	6025 SE 30th Pkwy	Okeechobee FL 34974

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

April L. Rose

Date

3/28/04

Daytime Phone #

863/634-2177

CR2081 (01/04)