

192
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000120834

1. Corporation Name

YELLOW CAT ENTERPRISES, INC.

2. Principal Office Address

509 ST. CROIX STREET

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32095

Country

ST. JOHNS

3. Mailing Office Address

509 ST. CROIX STREET

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32095

Country

ST. JOHNS

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/01

5. FEI Number

01-0567518

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -5 AM 8:00

REINSTATEMENT

03-04
MRD

400035533734
05/05/04--01046--008 **300.00

7. Name and Address of Current Registered Agent

Name

DE SKINNER, TAMARA C.

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

509 ST. CROIX STREET

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32095

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

4/29/04

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
DPST	TAMARA C. DE SKINNER	509 ST. CROIX STREET	ST. AUGUSTINE, FL 32095
VP	JOSEPH SKINNER	509 ST. CROIX STREET	ST. AUGUSTINE, FL 32095

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

4/29/04

904-819-1623

Daytime Phone #

CR2E081 (10/02)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

2032
320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

April 29, 2004

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

2003
Re: Profit Corporation Annual Report
Document P01000120834— Yellow Cat Enterprises, Inc.

Dear Sir/Madam,

Please see the enclosed Corporate Reinstatement for our client listed above. We are requesting that you accept her application and her payment of \$300.00, for the year 2003 and 2004.

Ms. DeSkinner, President of the above Corporation, did not receive her report for the referenced period. She had a change of address in the past and did not receive her reports when they were sent. She took the appropriate action to have mail forwarded with the post office. During her tax interview this year it was discovered that the report had not been filed. She is very conscientious about filing and paying all fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Corporate Reinstatement
Check # 1526