

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000084443**

1. Corporation Name

**YOLIE AND ME, INC.**

Principal Place of Business

Mailing Address

128 SUN LANE  
PANAMA CITY BEACH FL 32413

128 SUN LANE  
PANAMA CITY BEACH FL 32413

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/05/2002

5. FEI Number

32-0027361

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	STRICKLAND, RONALD	128 SUN LANE	PANAMA CITY BEACH FL 32413
VS	STRICKLAND, JOLIYN	128 SUN LANE	PANAMA CITY BEACH FL 32413

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STRICKLAND, RONALD  
128 SUN LANE  
PANAMA CITY BEACH FL 32413

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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(2)(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

1/28/04  
Ron STRICKLAND 850-233-4882  
JOLIYN STRICKLAND  
Daytime Phone #

FILED

04 MAR -3 AM 10:35

SECRETARY OF STATE  
TREASURER, FLORIDA  
REINSTATEMENT 03-04



600028062676  
02/02/04--01104--003 \*\*758.75

600028062676  
03/03/04--01044--006 \*\*141.25

CP2ED040 (7/03)