

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -8 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000071465

1. Corporation Name

AREA YOGURT, INC.

2. Principal Office Address

2224 RIDGEWOOD CIRCLE

3. Mailing Office Address

2224 RIDGEWOOD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FLORIDA

City & State

ROYAL PALM BEACH, FLORIDA

Zip

33411

Country

US

Zip

33411

Country

US

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

11-3695320

☒ 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

KATHERINE ELIAS

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

2224 RIDGEWOOD CIRCLE

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

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

5/4/06

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	ALBERTO R ELIAS	2224 RIDGEWOOD CIRCLE	ROYAL PALM BEACH, FL 33411
VP	KATHERINE ELIAS	2224 RIDGEWOOD CIRCLE	ROYAL PALM BEACH, FL 33411

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/4/06

Daytime Phone #

(561)790-2443

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Area Yogurt, Inc.
2224 Ridgewood Circle
Royal Palm Beach, FL 33411

May 4, 2006

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Document # P03000071465

To Whom It May Concern:

It has come to our attention that our corporation is dissolved. We believe this is because our address has changed and we did not receive our Uniform Business Report. We respectfully request that you accept our check for \$450.00 to cover the 2004, 2005 and 2006 filing fees. We have enclosed a Corporate Reinstatement Business Report with the updated information.

Thank you for your consideration in this matter.

Sincerely,



Alberto Elias
President