PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN 12 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05806

1. Corporation Name

YODER, INC.

W07-69

200086691012
01/30/07--01028--013 **1023.75

REINSTATEMENT 05-07

2. Principal Office Address	3. Mailing Office Address
4023 Ashton Club Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Lake Wales, FL	
Zip: 33859 Country: usa	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 4/26/1985

5. FEI Number: 34-0672160 ☐ 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: Leslie A. Andersen 12/26/06 01020 007 — $35.00

Street Address (P.O. Box Number is Not Acceptable): 4023 Ashton Club Drive

Suite, Apt. #, Etc.:

City: Lake Wales, FL State: FL Zip Code: 33859

8. I, being appointed the registered agent at the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0509, F.S.

Signature of Registered Agent: Leslie A. Andersen Date: Dec. 19, 2006
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
PD	Leslie A. Andersen	4023 Ashton Club Drive	Lake Wales, FL 33859

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.

Leslie A. Andersen

SIGNATURE: Leslie A. Andersen Dec. 19, 2006 863-324-6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #