

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -3 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P0700013779~~ ⁵⁵⁰¹

1. Corporation Name *Yak & Yeti Inc.,
DBA Saffron Indian Restaurant*

2. Principal Office Address - No P.O. Box # *2059 Pine Ridge Rd.*
3. Mailing Office Address *2059 Pine Ridge Rd.*

Suite, Apt. #, etc.

City & State *Naples, FL*

Zip *34109* Country *USA*

7. Name and Address of Current Registered Agent

Name *Rajesh Rimal*
Street Address (P.O. Box Number is Not Acceptable) *2059 Pine Ridge Road*
Suite, Apt. #, Etc.
City *Naples* State *FL* Zip Code *34109*

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 *[Signature]* Date *12/28/10*
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
<i>P</i>	<i>Rajesh Rimal</i>	<i>2059 Pine Ridge Rd.</i>	<i>Naples, FL, 34109</i>
		<i>[Signature]</i>	

10. E-mail Address: *Saffron08@hotmail.com*
(To be used for future annual report notification)

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. I further certify 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]* **RAJESH RIMAL** Date *12/28/10* Daytime Phone # *(239) 331-3779*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000189319640
01704/11--01017--001 **750.00

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business In Florida *12/20/2007*

5. FEI Number *26-1644977* Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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