P16000088098

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

S. CHATHAM
SEP 12 2023

100413951861
08/14/23--01033--012 **1535.00

CR2E081 (11/10)

DOCUMENT # P16000088098

1. Corporation Name
YPI, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5006 Shoshone Dr	5006 Shoshone Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32507 Country: USA	Zip: 32507 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 81-4709187 ☐ 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: Jeremy M. Williams

Street Address (P.O. Box Number is Not Acceptable): 5006 Shoshone Dr.

Suite, Apt. #, Etc.:

City: Pensacola State: FL Zip Code: 32507

Reinstatement 2023
$1,500
S.C.

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 _____ Date _____
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
PSTD	Jeremy M. Williams	5006 Shoshone Dr.	Pensacola, FL 32507
D	Craig A. White	869 Jasmine Hill Rd.	Indian Springs, AL 35124

10. E-mail Address: srice@ricelawyer.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #