

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000003109

1. Corporation Name

YAH! STREET ANTIQUES, INC.

Principal Place of Business

5430 YAH! ST
NAPLES FL 33942
US

Mailing Address

~~7287 MILL POND CIRCLE~~ 27265 Galleon Dr.
NAPLES FL 33942 BONITA SPRINGS, FL
US 34135

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/02/1992

5. FEI Number

65-0368506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	STANTON, WILLIAM W	7287 MILL POND CIRCLE	NAPLES FL 33942
VP	DONNAN, WILLIAM	5430 YAH! ST	NAPLES FL 33942
P	SWEENEY, BARBARA J.	27265 Galleon Dr.	BONITA SPRINGS, FL 34135

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SCC 11-3-97

8. Name and Address of Current Registered Agent

~~STANTON, WILLIAM W~~
~~7287 MILL POND CIRCLE~~
~~NAPLES FL 33942~~

9. Name and Address of New Registered Agent

Name BARBARA J. SWEENEY
Street Address (P.O. Box Number is Not Acceptable) 27265 Galleon Dr.
Suite/Apt. #, Etc. BONITA SPRINGS
City FL
State FL Zip Code 34135

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.

Signature of Registered Agent

Barbara J. Sweeney

REGISTERED AGENT MUST SIGN

Date

10/29/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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(3)(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

Barbara J. Sweeney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/97 941-591-8182