

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000041335

1. Corporation Name

YOGI FOOD INCORPORATED

Principal Place of Business

YOGI FOOD INC.  
KANNER HWY  
STUART FL 34997

Mailing Address

YOGI FOOD INC.  
KANNER HWY  
STUART FL 34997  
US

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

2. New Principal Office Address, If Applicable

Yogi Food Mart Inc.

Suite, Apt. #, etc.

6545 Kanner Hwy

City & State

Stuart FL

Zip  
34997

Country  
USA

3. New Mailing Office Address, If Applicable

Yogi Food Mart Inc.

Suite, Apt. #, etc.

6545 Kanner Hwy

City & State

Stuart

Zip  
FL 34997

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/11/1993

5. FEI Number

65-0417281

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DT	PATEL, YOGESH	5766 TURNWOOD CT.	JUPITER FL 33458
V	PATEL, HARSHA	5766 TURNWOOD CT	JUPITER FL 33458

8. Name and Address of Current Registered Agent

PATEL, YOGESH  
5766 TURNWOOD COURT  
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/30/02

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02 561-343-8004

CR20040 (8/02)

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October 30, 2002

Yogi Food Inc.  
Kanner Hwy.  
Stuart, Fl. 34997  
Document # P93000041335

To Whom It May Concern:

Recently I received notification from your office that my Corporation dues had not been received and my Corporation is being revoked. This was the first notice I had received and would like to correct this mistake as soon as possible.

Enclosed is a check for \$150.00 as instructed by your office.

Please accept my gratitude for your help in this matter.

Thank you,



Yogesh Patel

MAILED 10/31/02 10:00 AM  
U.S. MAIL  
10/31/02 10:00 AM  
U.S. MAIL  
10/31/02 10:00 AM  
U.S. MAIL