

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 20 AM 11:36

DOCUMENT # P93000085313

1. Corporation Name

YANI, INC.

Principal Place of Business

Mailing Address

8231 U.S. 19  
PORT RICHEY FL 34668

8231 U.S. 19  
PORT RICHEY FL 34668



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3243927

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	LEGRANO, JOHN	5016 MARLIN DRIVE	NEW PORT RICHEY FL 34652
STD	LEGRANO, BERENICE	5016 MARLIN DRIVE	NEW PORT RICHEY FL 34652

300003448103--3  
-11/02/00--01009--013  
\*\*\*\*150.00 \*\*\*\*150.00

10/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEGRANO, JOHN  
5016 MARLIN DRIVE  
NEW PORT RICHEY FL 34652

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/18/2000

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

10/18/2000

Date

849-1668

Daytime Phone #

CR2ED40 (800)

YANT, INC

/DBA/

el'nido



Continental Restaurant & Banquet Facility

②

10/18/2000

HAVING JUST RETURNED FROM A HEART ATTACK ON 11/9/99  
AND STROKE FOUND THESE PAPERS. NO OTHER NOTICES WERE  
RECEIVED.

PER PHONE CALL TODAY @ 1V<sup>45</sup>P SPOKE TO LESUE

ENCLOSING CHECK FOR \$150 -

PRIMARY MD

DR. FRED GRASSIN

5901 MAIN ST

NPR FL 3465V

727-849-5445

HEART SPECIALIST

DR. G. NATARAJAN

56VV MARINE PKWY #1V

NPR FL 3465V

727-849 4976

PLEASE CALL FOR VERIFICATION IF NECESSARY

THANK YOU

John Legano