

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P94000003436

1. Corporation Name

Academy of Yoshukai Karate, Inc.

2. Principal Office Address

4300 Clarcona Ocoee Rd

Suite, Apt. #, etc.

# 302

City & State

Orlando, Florida

Zip

32810

Country

USA

3. Mailing Office Address

4300 Clarcona Ocoee Rd

Suite, Apt. #, etc.

# 302

City & State

Orlando, Florida

Zip

32810

Country

USA

600011789996  
02/04/03--01080--006 \*\*458.75

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/1994

5. FEI Number

59 321 8591

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

Neva M Kelaher

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

1177 Louisiana Ave

Suite, Apt. #, Etc.

Suite 100

City

Winter Park

State

FL

Zip Code

32789

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

REGISTERED AGENT MUST SIGN

Date 1-27-03

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
PRES.	Dawn Joy Roffey	1580 Woodfield Oaks Dr	Apopka, FL. 32703

01-03

10. 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]* Dawn Joy Roffey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/03

Daytime Phone #

407-2998871

CR2E081 (10/02)

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**Academy of Yoshukai Karate, Inc.**

4300 Clarcona Ocoee Rd. #302

Orlando, FL 32810

407-299-8871

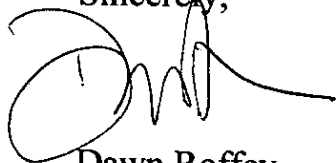
To Whom it may concern,

January 28, 2003

As per my conversation with your office yesterday, I am submitting the reinstatement application with the appropriate fees for the past 2 years in addition to 2003. After checking why I had not received this years paperwork I was informed that the past two years attempts to deliver the mail had been returned to your office. The agent I spoke with explained that I should pay the \$450 for 3 years, plus the status certificate fee and include this letter with the application.

Total fee due: \$458.75

Sincerely,



Dawn Roffey

Academy of Yoshuakai Karate, Inc.

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