

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
in State
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 24 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064864

1. Corporation Name

YELVERTON GROUP, INC.

Principal Place of Business

Mailing Address

~~6123 LINNEAL BCH DR.~~
~~APOPKA FL 32703~~

~~6123 LINNEAL BCH DR.~~
~~APOPKA FL 32703~~

000013031220
02/24/03--01052--008 **300.00



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

~~6856 Scythe Ave~~

~~6856 Scythe Ave~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Orlando

Zip

Country

Zip

Country

32812

Orange

32812

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1996

5. FEI Number

59-3391090

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
D	ANDERSON, MICHAEL J	6123 LINNEAL BCH DR. 6856 Scythe Ave	APOPKA FL 32703 Orlando, FL 32812
D	Anderson, Michael J	6856 Scythe Ave	Orlando, FL 32812

8. Name and Address of Current Registered Agent

ANDERSON, MICHAEL J
6123 LINNEAL BCH DR.
APOPKA FL 32703

9. Name and Address of New Registered Agent

Name Anderson Mike
Street Address (P.O. Box Number is Not Acceptable)
6856 Scythe Ave
Suite, Apt. #, Etc.
City Orlando, State FL Zip Code 32812

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

Michael Anderson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/28/03

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:

Michael Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03

(407) 855-0107

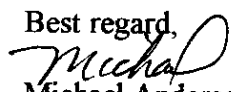
Date Daytime Phone #

CR2E040 (8/02)

To: Dept of State
Reinstatement request

I would like to request a reinstatement for my Corporation, (Yelverton Group.) I moved from the address on file in 2001, to the new address listed on the reinstatement form. I did not receive the renewal, or the notice of cancellation. This has caused the Corporation to miss the filing deadlines. I have enclosed a check for the current fees due of \$300.00. I appreciate your attention toward this issue.

Best regard,


Michael Anderson,