

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 27 PM 1:16

DOCUMENT # P96000076268

1. Corporation Name

SCOTT A. YOKE, INC.

2. Principal Office Address

1750 J.C. BLVD

Suite, Apt. #, etc.

2

City & State

NAPLES, FL

Zip

34109

Country

COLLIER

3. Mailing Office Address

1750 J.C. BLVD

Suite, Apt. #, etc.

2

City & State

NAPLES, FL

Zip

34109

Country

COLLIER

4. Date Incorporated or Qualified
To Do Business in Florida

9/96

5. FEI Number

59-3407154

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

KENA M YOKE

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

1750 J.C. BLVD

Suite, Apt. #, Etc.

2

City

NAPLES

State

FL

Zip Code

34109

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

Kena Yoke

REGISTERED AGENT MUST SIGN

Date

11/20/01

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
P.	SCOTT A YOKE	6921 SANDALWOOD LN	NAPLES, FL 34109
V.P.	KENA M. YOKE	6921 SANDALWOOD LN	NAPLES, FL 34109

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)(f), 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:

Kena M Yoke KENA M YOKE

Date

11/20/01

Daytime Phone #

941.592.7211

SCOTT A. YOKE, INC.

1750 J & C BLVD SUITE #2 NAPLES, FLORIDA 34109

(941) 592 7211

November 21, 2001

State of Florida
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

**RE: Reinstatement Application
Scott A. Yoke, Inc.
P96000076268**

Dear Customer Service:

I would first like to thank Ula, in your office, for her help today. Pursuant to her instructions, please find attached a copy of a completed Corporate Reinstatement for Scott A. Yoke, Inc.

Also, we are submitting herewith Check No. 1038 in the amount of \$158.75 to cover the Annual Filing Fee of \$150.00, plus \$8.75 for a Certificate of Status in this regard.

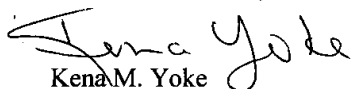
We confirmed today with your office that the notices sent were not received by us, but returned to you for an incorrect address.

The Corporate Reinstatement reflects all current and correct information.

Thank you.

Sincerely,

SCOTT A. YOKE, INC.


Kena M. Yoke
Vice President

Encl - Corporate Reinstatement
Check No. 1038