

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

01 MAR 16 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020381

1. Corporation Name

YESTERYEAR VENTURE, INC.

2. Principal Office Address

5500 N. TAMiami TRAIL

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34243

Country

US

3. Mailing Office Address

SAME

P.O. BOX 1446

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34230

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/1997

5. FEI Number

65-0742225

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

GODBEY, MARTIN J.

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

2836 N. TAMiami TRAIL

Suite, Apt. #, Etc.

City

SARASOTA, FL 34236

State

FL

Zip Code

34236

100003912741--9

03/27/01--01092--008

*****450.00 *****450.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/17/00

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

PR. MARTIN GODBEY 2836 N. TAMiami TR SARASOTA, FL 34234

100003912741--9

03/27/01--01092--009

*****8.75 *****8.75

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00
Date

941-355-6500
Daytime Phone #

CR2E081 (9/99)

282

October 16, 2000

State of Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

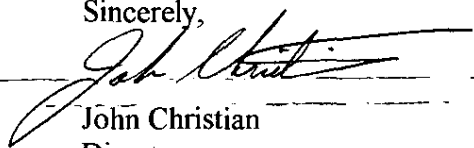
Dear Division of Corporations,

Attached is the corporation reinstatement application for Yesteryear Venture, Inc.
The corporation never received its corporate annual report form for filing. Please note
the proper mailing address to which all corporate matters should be sent.

Yesteryear Venture, Inc.
P.O. Box 1446
Sarasota, FL 34230
(941) 355-6228

Thank you for your attention to this matter.

Sincerely,


John Christian
Director

P.S. Enclosed is a check for \$8.75 for a certificate of status.