


P99000021505

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000021505			
1. Corporation Name Yesterday Museum, Inc.			
2. Principal Office Address - No P.O. Box # 1020 NW 62 St		3. Mailing Office Address 1020 NW 62 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft Lauderdale FL		City & State Ft Lauderdale, FL	
Zip 33309	Country US	Zip 33309	Country US
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida	
Name Bruce David Green		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) 1313 S. Andrews Avenue		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	
Suite, Apt. #, Etc.			
City Fort Lauderdale	State FL	Zip Code 33316	
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		Date 05-03-2021	
REGISTERED AGENT MUST SIGN			
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	Whittington, R. D.	1020 NW 62 St	Ft Lauderdale FL 33309
10. E-mail Address: service@bdgreenpa.com			
(To be used for future annual report notification)			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.			
SIGNATURE		05-03-2021 954-522-8554	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 818171 8941A

AUTHORIZATION :

COST LIMIT : ~~US \$3,100.00~~ 3900

ORDER DATE : May 18, 2021

ORDER TIME : 12:17 PM

ORDER NO. : 818171-005

CUSTOMER NO: 8941A

DOMESTIC FILINGS

NAME: YESTERDAY MUSEUM, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - Ext#

EXAMINER'S INITIALS _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILE 1ST

Reinstatement

May 19, 2021

ATTN:EYLIENA BAKER
CSC
WALK IN
TALLAHASSEE, FL

RESUBMIT
Please give original
submission date as file date.

SUBJECT: YESTERDAY MUSEUM, INC.
Ref. Number: P99000021505

We have received your document for YESTERDAY MUSEUM, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE TOTAL FEE TO REINSTATE IS \$3,600.00. YOU MAY DEDUCT THE AMOUNT OF THE FEE ALREADY PAID FROM THIS. SO THE TOTAL AMOUNT OWED IS \$3,100.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 921A00010637

TALLAHASSEE, FL

2021 MAY 21 PM 2:45