

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUL 22 AM 9:11

DOCUMENT # P99000107245

1. Corporation Name

YATES MASONRY OF RIVERVIEW, INC.

600183563566  
07/22/10--01037--005 \*\*1050.00

2. Principal Office Address - No P.O. Box #

15001 CARLTON LAKE RD

3. Mailing Office Address

P.O. BOX 6128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E081 (6/10)

City & State

BALM, FL

City & State

BRANDON, FL

4. Date Incorporated or Qualified

To Do Business in Florida 12/09/1999

5. FEI Number

59-3612721

☐ Applied For

☐ Not Applicable

Zip

33503

Country

US

Zip

33508

Country

US

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES N YATES SR

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

15001 CARLTON LAKE ROAD

Suite, Apt. #, Etc.

City

BALM

State

FL

Zip Code

33503

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

*James N Yates Sr.*  
REGISTERED AGENT MUST SIGN

Date

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	JAMES N YATES SR	15001 CARLTON LAKE RD	BALM, FL 33503

REINSTATEMENT 08-10 PB 7/23/10

10. E-mail Address:

yatesmasonry@tampabay-rr.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., 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.

SIGNATURE

*James N Yates Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #