

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAR 16 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S31532**

1. Corporation Name

YORKSHIRE ENTERPRISES, INC.

2. Principal Office Address

5144 NE 57th Drive

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33068

Country

US

3. Mailing Office Address

5144 NE 57th Drive

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33068

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

2/13/1991

5. FEI Number

650250655

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

800030499078

03/16/04--01004--005 \*\*150.00

01-30-04 01005 006 \$ 600.00

01-30-04 01005 007 \$ 150.00

03-04

**7. Name and Address of Current Registered Agent**

Name

Christopher Cloney

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

315 SE 7th Street

Suite, Apt. #, Etc.

Suite 200

City

Fort Lauderdale,

State

FL

Zip Code

33301

**REINSTATEMENT**

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

REGISTERED AGENT MUST SIGN

Date January 20, 2004

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
PVS	Colin Jackson	5144 NE 57th Drive	Coral Springs, Florida 33068

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/4

Date

Daytime Phone #

CR2E081 (10/02)