

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAR 25 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V38536

1. Corporation Name

YUCCA RESOURCES, INC.

Principal Place of Business

Mailing Address

4500 EXECUTIVE DR. SUITE 310
NAPLES FL 34119

800002126418--1
-03/27/97--01110--008
****915.00 ****915.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MAY 22, 1992	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0350268	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. & Sec.	Johann Saubier	4500 Executive Dr. Suite 310 Naples FL 34119	Naples FL 34119
V.P.	Ulrike Saubier	470 YUCCA RD.	Naples FL 34102

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9. Alan

3/25/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	
JOHANN SAUBIER	
Street Address (P.O. Box Number is Not Acceptable)	
4500 EXECUTIVE DR	
Suite, Apt. #, Etc.	
SUITE 310	
City	State Zip Code
NAPLES	FL 34119

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Johann Saubier Date 3-21-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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:

Johann Saubier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHANN SAUBIER

3-21-97
Date

(941) 591-0663
Daytime Phone #