

F0000000590

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 10 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

F0000000590

1. Corporation Name

Yesterday, Today, Tomorrow, Inc

10/4/02

2. Principal Office Address

1901 Highway 14

3. Mailing Office Address

1901 Highway 14

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Charles, LA

City & State

Lake Charles, LA

Zip

70601

Country

USA

Zip

70601

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

February 2, 2000

5. FEI Number

721268753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

900015320369
03/18/01--90050--001 **290.55

7. Name and Address of Current Registered Agent

Name

Patricia K. Green c/o Sterns Weaver ET AL

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

150 West Flagler Street

09/18/01--90050--002 **268.20

Suite, Apt. #, Etc.

Suite 2200

City

Miami

State

FL

Zip Code

33130

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

3/31/03

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	Pappion, Rhon C	1901 Highway 14	Lake Charles, LA 70601
VT	Jones, Chester J	711 Rhodes Street	Lake Charles, LA 70601
SD	Mayne, Doris M	1712 17th Street	Lake Charles, LA 70601

REINSTATEMENT

2002-2003

OK

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:

Chester J. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/2003 337-433 3040

Daytime Phone #

CR2E081 (10/02)