

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

1998 APR 15 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002482**

1. Corporation Name
YSI INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
**3350 EL JARDIN DR. #109
HOLLYWOOD FL. 33024**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
05/27/1993
5. FEI Number
38-3063186
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	AQUINO, DR. NILVIO R.	7100 W. 20th AVE STE 701 HIALEAH FL 33016	
S	ANTIGUA, DR. NERQUIN	7420 W 20th AVE STE 154 HIALEAH FL 33016	
T	ANTIGUA, DR. DIONNY R.	7420 W 20th AVE STE 154 HIALEAH FL 33016	

REINSTATEMENT

07-98
259
4/15/98

8. Name and Address of Current Registered Agent
**ANTIGUA, NERKIN DR.
3350 EL JARDIN DR. #109
HOLLYWOOD FL 33024**

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
100002492901--9
Suite, Apt. #, Etc.
04/20/98-01005-001
******297.50 ****297.50**
City State Zip Code
FL

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 *Nerquin Antigua* REGISTERED AGENT MUST SIGN Date **4/7/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: **ANTIGUA, NERKIN DR.** *Nerquin Antigua* 040798 (954) 450-9206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1-98)