

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**09 DEC 24 PM 4:18**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P05000032772**

1. Corporation Name

**YN HOMES, INC**

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

**1985 MUSTANG CT**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**ST CLOUD FL**

City & State

Zip

**34771**

Country

**USA**

Zip

Country

7. Name and Address of Current Registered Agent

Name

**CARMEN Y NAZARIO**

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

**1985 MUSTANG CT**

Suite, Apt. #, Etc.

City

**SAINT CLOUD**

State

**FL**

Zip Code

**34771**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/03/2005**

5. FEI Number

**202451644**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Carmen Y Nazario*

REGISTERED AGENT MUST SIGN

Date **12/21/2009**

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	CARMEN Y NAZARIO	1985 MUSTANG CT	SAINT CLOUD, FL 34771

400163943284  
12/24/09-01033-013 \*300.00

10. E-mail Address:

(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

*Carmen Y Nazario*

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/2009 321-377-0573

Date Daytime Phone #

**REINSTATEMENT**

CR2E081 (11/09)

08-09