

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO5000160035
1. Corporation Name
Y-GROUP DEVELOPMENT MANAGER, INC

REINSTATEMENT

09/25/14--01010--005 **\$35.00

2. Principal Office Address - No P.O. Box #
1221 BRICKELL AVE
Suite, Apt. #, etc.
SUITE 660
City & State
MIAMI, FLORIDA
Zip Country
33131 USA

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

CR2R081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
11/09/2005


5. FBI Number
20-3867769

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

Applied For
 Not Applicable

7. Name and Address of Current Registered Agent
Name
DALE REED
Street Address (P.O. Box Number is Not Acceptable)
1221 BRICKELL AVE
Suite, Apt. #, etc.
SUITE 660
City
MIAMI
State Zip Code
FL 33131

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

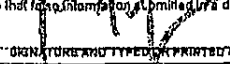
Signature of Registered Agent  Date **10/13/14**
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	JOHN YANOPOULOS	1221 BRICKELL AVE	MIAMI FLORIDA 33131
AGENT	DALE REED	1221 BRICKELL AVE	MIAMI FLORIDA 33131

10. E-mail Address: **Joseph.Geluso@y-group.com**
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 617.155, F.S.

SIGNATURE:  **10/13/14**
SIGNATURE AND TYPED/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

OCT 15 PM 3:08

FILED

C. CARROTHERS
OCT 15 2014