

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 2:24

DOCUMENT # S65413

1. Corporation Name

YERA IMPORT-EXPORT INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

444 BRICKELL AVENUE  
SUITE 51-220  
MIAMI FL 33131-2492  
US

444 BRICKELL AVENUE  
SUITE 51-220  
MIAMI FL 33131-2492



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

444 BRICKELL AVE.

3. New Mailing Office Address, If Applicable

444 BRICKELL AVE ST. 51

4. Date Incorporated or Qualified To Do Business in Florida

07/05/1991

Suite, Apt. #, etc.

SUITE 51

Suite, Apt. #, etc.

RD 0220

5. FEI Number

65-0272766

Applied For

Not Applicable

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

Zip

33301

Country

6. CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
<del>PTS</del>	<del>YERA, JOHN</del>	<del>444 BRICKELL AVE, #51-220</del>	<del>MIAMI FL</del>
PRES.	HERRERA, ALBERT	444 BRICKELL AVE. STE 51	MIAMI FL 33131
V.P.	NICHOLS, ROBERT	444 BRICKELL AVE, STE 51	MIAMI FL 33131
ASSIST. V.P.	SAMUDIO, ROBERT	444 BRICKELL AVE, STE 51	MIAMI FL 33131
			200003083222-2 -12/29/99-01077-012 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

~~YERA JOHN~~  
~~444 BRICKELL AVENUE~~  
~~SUITE 51-220~~  
~~MIAMI FL 33131-2492~~

9. Name and Address of New Registered Agent

Name ALBERT HERRERA  
Street Address (P.O. Box Number is Not Acceptable)  
444 BRICKELL AVE.  
Suite, Apt. #, Etc.  
City MIAMI State FL Zip Code 33131

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

*Albert Herrera*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11-10-99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Albert Herrera* Albert Herrera

Date

11-10-99

Daytime Phone #

786-236-6117