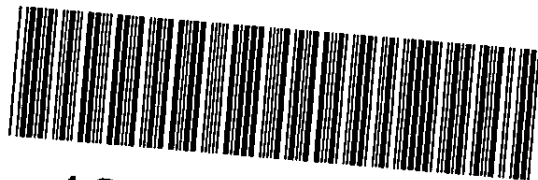


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L08000100042					
1. Corporation Name Y-GROUP HOLDINGS, LLC					
2. Principal Office Address - No P.O. Box # 1221 BRICKELL AVE Suite, Apt. #, etc. SUITE 660 City & State MIAMI, FLORIDA Zip 33131 Country USA			3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country		
7. Name and Address of Current Registered Agent Name DALE REED Street Address (P.O. Box Numbers Not Acceptable) 1221 BRICKELL AVE Suite, Apt. #, etc. SUITE 660 City MIAMI State FL Zip Code 33131			4. Date incorporated or Qualified To Do Business in Florida 10/12/2008 5. FEI Number 26-0466694 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, 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 a 817.155 F.S.					
SIGNATURE:  Date 10/13/14 Signature Phone #					

**100263439611**
REINSTATEMENT

09/25/14--01010--013 **125.00

CR2R081 (11/10)

OCT 15 PM 3:12

FILED

C. CARROTHERS

OCT 15 2014