PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2014 APR -7 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F11000001717

1. Corporation Name

YABU PUSHELBERG INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
88 PRINCE ST 2F	88 PRINCE ST 2F
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW YORK, NY	City & State: NEW YORK, NY
Zip: 10012-3209 Country: US	Zip: 10012-3209 Country: US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 04/18/2011

5. FEI Number: 980368815 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

600258744666

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 _____ Date 4/7/14

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GLENN PUSHELBERG	88 PRINCE ST 2F	NEW YORK, NY 10012-3209
VP	GEORGE YABU	88 PRINCE ST 2F	NEW YORK, NY 10012-3209
		2012-2014	

10. **E-mail Address:** Shirlane@yabupushelberg.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 s.817.155, F.S.*

SIGNATURE: _____ 4/3/2014 212-226-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #