

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000000767**

1. Corporation Name

YUNDA CORPORATION

Principal Place of Business

1820 SW 3RD AVE
MIAMI FL 33129

Mailing Address

1820 SW 3RD AVE
MIAMI FL 33129



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/13/1996	
City & State		City & State		5. FEI Number	
Zip		Country		52-1140372	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
PD	PENA, ALFREDO M	1820 SW 3RD AVE	MIAMI FL 33129
VDC	PENA, RICARDO J	1820 SW 3RD AVE	MIAMI FL 33129
SD	PENA, ADELA P	1820 SW 3RD AVE	MIAMI FL 33129

700008726097
10/31/02--01051--015 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
POZO, JAMES 1820 SW 3RD AVE MIAMI FL 33129		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent _____ **SIGNATURE REQUIRED** _____ Date 10/27/02
REGISTERED AGENT MUST SIGN

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)(i), 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 REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)

October 28, 2002

Department of State
Division of Corporations

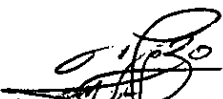
To Whom It May Concern:

I just received a certificate of administrative dissolution or revocation of our Florida Corporation YUNDA CORPORATION, Document # F96000000767. Our Corporation was never in receipt of the first or second Uniform Business Report Notices. I will greatly appreciate the Division of Corporation waving any penalties regarding our Corporation.

I am enclosing this letter along with our filing fee of \$150.00 to reinstate YUNDA CORPORATION in a good standing status.

Thanking you in advance for your diligence regarding the aforementioned. I remain

Respectfully yours,



James Pozo
Resident Agent