| DI EASE READ | ALL INST | BUCTIONS | REFORE O | OMPLET | ING THIS FORM | |
|--|--|--|--|---|---|--|
| APPLICATION FOR | FLORIDA | A DEPARTME Sandra B. Mo Secretary of | NT OF STATE rtham State | 1 | FLED | • |
| REINSTATEMENT | יום | VISION OF CORPC | PRATIONS | 98 | 3 MAY 19 PH 12: 5 | 3 |
| DOCUMENT # G97832 1. Corporation Name YASOU, INC. | | | | SECRETATION STATE TALLA MOSTER, ELOPIDA | | |
| Principal Place of Business | Mailing Addre | 200 | | _ | | |
| 488 Sunny Isles Blvd. Miami Beach, FL. 33160 | c/o Marc 1111 Kan | Hauser,Ese e Concourse or Islands | e (#616) | | | |
| 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 | | | | Date Incorporated or Qualified | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | To Do Business in Florida 04/06/84 | | |
| ity & State City & State | | | | 5. FEI Number | | Applied For |
| Zip Country | Zip | Count | ry | 59-238 6. CERTIFICATI | \$8. | Not Applicable 75 Additional Fee required for a Certificate of Status |
| 7. Names and Street Addresses of Each Officer and | 1/oi Director (Flor | ida nonprofit corpor | ations must list at lea | ast 3 directors) | | |
| Title(s) 1 Name of Officers Street Address of Each Officer and/or Directors Officer and/or Directors 3 (Do NOT Use Post Office Box I | | | | | City / St | tate / Zip |
| P/D Olga Moskos 1250-1 | | 1250-101 | st Street | | Bay Harbor Is | lands,FL:.3315 |
| D George Moskos | | 1250-101s: | | AL | Bay Harbor Is | lends,FL. 3315 |
| | R | EINSTI | ATEME | N1 <u>- 14</u> | | 90 |
| 8. Name and Address of Current Registered Agent Name | | | | 9. Name and A | Address of New Registered | Agent |
| Marc Hauser, Esq. 1111 Kane Concourse (#616) Bay Harbor Islands, FL. 33154 | | | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. -05/21/9801086004 ***1050.00 ***1050.00 City State Zip Code | | | |
| 10. I, being appointed the registered agent of the ab | ove named corpor | ration, am familiar w | ith and accept the ob | oligations of Section | | -1 |
| Signature of Registered Agent Registered Agent Registered Agent Registered Agent Registered Registe | EGISTERED AGE | ENT MUST SIGN | | | Date 05/14/98 | <u> </u> |
| 11. This corporation owes or h Intangible Personal Proper | | | ar Yes 🗖 | No X | | le for information ngible tax.) |
| 12. I certify that I am an officer or director of the rece this reinstatement application, the triason for diss owed by the corporation have been paid and the on this application is true and according and my si SIGNATURE: | iver or trustee em olution has been e names of individu ignature shall nave | powered to execute eliminated, the corpo lais listed on this for e the same legal eff | orate name satisfies to me do not qualify for a cot as if made under ORGE MOSKOS | the requirements an exemption und oath. | of section 607.0401 or 617.04 der section 119.07(3)(i), F.S. 1 | 401, F.S., that all fees The information indicated (305) |