

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

98 JUL -6 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # ~~518~~ 531983

YZY INC.
6300 NW 72ND AVENUE
MIAMI, FL 33166

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 1/1/95

5. FEI Number: 59-2762879

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	SIMON BOUSKILA	6300 NW 72 ND AVENUE	MIAMI, FL 33166

REINSTATEMENT 97-98

8/11/98

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

SIMON BOUSKILA
60 NE 11TH ST.
MIAMI, FL 33132

9. If changed, new registered agent / office

Name: SIMON BOUSKILA

Street Address (Do NOT Use P.O. Box Number): 6300 NW 72ND AVENUE

Street Address (Do NOT Use P.O. Box Number):

City: MIAMI State: FL Zip: 33166

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: *Simon Bouskila* Date: 7/2/98

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director: *Simon Bouskila* Date: 7/2/98 Daytime Phone #: 305 374-0911

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