

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

01 MAY 17 AM 10:57

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

1. Name and Mailing Address of Corporation: DOCUMENT # K24816

YVEL, S.A. DE C.V. CORPORATION
8180 N.W. 36th St., #100
Miami, FL., 33166

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

TALLAHASSEE, FLORIDA

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 5/24/88

4. FEI Number 650162297

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 - Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

6. Names and Street Addresses of Each Officer and/or Director

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
P/D	Benjamin Levy	8180 N.W. 36th St., #100	Miami, FL., 33166
			900004416863--9 -06/13/01--01012--020 *****8.75 *****8.75
			900004416863--9 -06/13/01--01012--021 *****900.00 *****900.00

REGISTERED AGENT INFORMATION.

8. Name and Address of New Registered Agent and/or Office

Name Anthony Robledo

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

8180 N.W. 36th St., #100

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

City and State

Miami

FL.

Zip

33166

7. Name and Address of Current Registered Agent

Benjamin Levy
20225 N.E. 34th Ave., #1818
N. Miami Beach, FL., 33169

9. 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

REGISTERED AGENT MUST SIGN

Date

5/16/01

10. 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.)

11. 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.)

12. 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

Date 5/15/01

Daytime Phone # 305-477-6969