

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
and State Records

1. DOCUMENT # L00000008816

Name and Mailing Address

0003106 01 FP 0,352 **PRSRT TO O 0615 33304-160656



YF, LLC

1256 SEMINOLE DRIVE

FORT LAUDERDALE FL 33304-1606

FILED

02 NOV -6 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

1256 SEMINOLE DRIVE
FORT LAUDERDALE FL 33304

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/25/2000

6. FEI Number 65-1045028

APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

YONGE, JAMES E
1256 SEMINOLE DRIVE
FORT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

700008832677
11/06/02--01093--008 **150.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-04-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	YONGE, JAMES E	1256 SEMINOLE DRIVE	FORT LAUDERDALE FL 33304

REINSTATEMENT 2002

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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
Managing Member/Manager

Date 11-4-02

Daytime Phone # (954) 566-0686

Typed or printed name of signing Managing Member/Manager

JAMES E. YONGE

CR2E084 (8/02)