

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L0000008816



FLORIDA DEPARTMENT OF STATE
SMITHSONIAN INSTITUTION
OFFICE OF CORPORATIONS

FILED
02 NOV -6 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L0000008816
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



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1256 SEMINOLE DRIVE FORT LAUDERDALE FL 33304		5. Date Organized or Qualified To Do Business in Florida 07/25/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1045028 APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent YONGE, JAMES E 1256 SEMINOLE DRIVE FORT LAUDERDALE FL 33304		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		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	

CR2E084 (8/02)

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 Date 11-04-02
REGISTERED AGENT MUST SIGN

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