

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 5: 14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L00000012393

Name and Mailing Address

0003938 01 AT 0.292 **AUTO T6 0 0615 32836-501942



YUCORP, L.L.C.
8142 LAKE SERENE DRIVE
ORLANDO FL 32836-5019

000024203880
10/28/03--01042--007 **150.00

MJM



10/28 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/05/2000	
Principal Place of Business 8142 LAKE SERENE DRIVE ORLANDO FL 32836	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3676022	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent YU, STEPHEN C 8142 LAKE SERENE DRIVE ORLANDO FL 32836		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 *[Signature]* **SIGNATURE REQUIRED** Date 10/22/03
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
MGR	YU, STEPHEN C.	8142 LAKE SERENE DRIVE	ORLANDO FL 32836

REINSTATEMENT 2003

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 *[Signature]* **SIGNATURE REQUIRED** Date 10/22/03 Daytime Phone # 407-375-1303
Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)