

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-1-04
250.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 28 AM 9:28

DOCUMENT #

L01000004810

1. Limited Liability Company's Name

Yboby LLC

2. Principal Office Address

10561 N.W. 51 St.

Suite, Apt. #, etc.

3. Mailing Office Address

10561 N.W. 51 St.

Suite, Apt. #, etc.

City & State

Doral, FL

City & State

Doral, FL

Zip

33178

Country

Dade

Zip

33178

Country

Dade

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2001

6. FEI Number

65-1073960

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

Name

Rosy Ruiz

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

10561 N.W. 51 St.

Suite, Apt. #, Etc.

City

Doral - FL 33178

State

FL

Zip Code

33178

9. 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

Rosy Ruiz

REGISTERED AGENT MUST SIGN

Date 7-8-2006

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Ms. | Nidia Ruiz - Manager | 9803 S.W. 134 PL | Miami - FL 33186 |
| Ms. | Rosy Ruiz - Manager | 10561 N.W. 51 St Doral - FL 33178 | Doral, FL 33178 |
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REINSTATEMENT 04-06

11. 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

Rosy Ruiz

Date 7-8-2006

Daytime Phone # 305-776-3823

Typed or printed name of signing Managing Member/Manager