L01000004810

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 26 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000004810

1. Limited Liability Company's Name
YROTY, LLC.

10/4/03

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2. Principal Office Address	3. Mailing Office Address
11921 S. DIXIE HIGHWAY	11921 S. DIXIE HIGHWAY
Suite, Apt. #, etc.: SUITE 203	Suite, Apt. #, etc.: SUITE 203
City & State: PINECREST, FLORIDA	City & State: PINECREST, FLORIDA
Zip: 33156 Country: USA	Zip: 33156 Country: USA

6. State/Country of Formation: FLORIDA / USA
5. Date Organized or Qualified To Do Business in Florida: 03/26/2001
6. FEI Number: 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

300027572691
09/04/03--01044--001 **200.00

Name: ROSY RUIZ
Street Address (P.O. Box Number is Not Acceptable): 10561 NW 51 STREET
Suite, Apt. #, Etc.:
City: MIAMI 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: 08/26/03

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
MGRM	ROSY RUIZ	10561 NW 51 STRRET	MIAMI, FLORIDA 33178
MGRM	N DIA RUIZ	10561 NW 51 STREET	MIAMI, FLORIDA 33178

REINSTATEMENT 2002-2003

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11. I certify that I am managing member/manager of the member or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that upon 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: 8/26/03 Daytime Phone #: 305 715-0339

Typed or printed name of signing Managing Member/Manager

=> CAPITAL CONNECTION ,TEL=850 222 1222 08/26'03 12:58