

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02 000003684**

1. Limited Liability Company's Name

YDA Enterprises LLC

2. Principal Office Address - No P.O. Box #

2550 Citrus Tower Blvd

Suite, Apt. #, etc.
12103

City & State

Clermont, FL

Zip
34711

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

2/13/2002

6. FEI Number

043602405

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 **Yara De Abreu**

Street Address (P.O. Box Number is Not Acceptable)
2550 Citrus Tower Blvd.

Suite, Apt. #, Etc.
12103

City **Clermont**

State

FL

Zip Code

34711

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/15/08**

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
MGR	Yara De Abreu	2550 Citrus Tower Blvd. #12103	Clermont, FL 34711
			400137607374 11/21/08--01049--001 **137.50
			400137607374 11/04/08--01019--005 **145.00
		REINSTATEMENT	07-08

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

[Signature]

Date **10/15/08**

Daytime Phone # **954-914-9623**

Typed or printed name of signing Managing Member/Manager

282.50