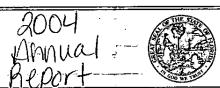
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DESASTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

YOGANËT, L.L.C. 1551 S.W. 2ND AVENUE **BOCA RATON FL 33432-7202** 

Name and Mailing Address

Signature of

Managing Member/Manage

L02000013333

0012126 01 AT 0.292 \*\*AUTO T4 0 0615 33432-720251

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FILED 04 JUL 30 PM 3: 33

-SERRETARY OF STATE TALLAHASSOE FLORDA

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HLM

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2. New Maxing Address 157 BARLFOOT COVE					State/Country of Formation     FL			
Dity. State, Zip.  Hypoloro, FL 33462					5. Date Organized or Qualified To Do Business in Florida  05/28/2002			
incipal Place of Business 1551 S.W. 2ND AVENUE BOCA BATON FL 33432 3. New Principal Place of					6. FEI Number Applied For 30-0/39684 Not Applicable			
City, State, Zip				7. CERTIFICATE OF STATUS DESIRED of for a Certificate of State				
	8. Name and Address of Current	Registered Agent				Address of New Reg		
ROTBART & DEUTSCH P.A. 21845 POWERLINE ROAD STE. 201 BOCA RATON FL 33433				Name The Rotlart Law Groul, P.A.  Street Address (P.O. Br. Number is Not poentable) 105 East Palmetto Palk Road				
, , , , , , , , , , , , , , , , , , , ,				City BOCA	haton		FL	Zip Code 37732
gnature of egistered /	Agent RE	GISTERED AGENT MUST	UIR			Date 3\7		
Title(s)				eet Address of Eac	nt Address of Each City / State / Zip			/ Zip
es. Igrn	Michael WEISMAN	157 B	157 Bors 600			Hypoloxo, FC 33462		
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	,				<del>- 4</del>			
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2. I certify filing the all fees	ty that I am managing member/manager of this reinstatement application the reason for so weed by the limited liability company have under oath.	dissolution has been elimii	hated the	limited liability con	nnany name satis	ties the requirements (	oi section 6	08.406. F.S., and that