

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 NOV 14 PM 2:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04 000074854

1. Limited Liability Company's Name

YDARealty LLC

CR2E041 (10/08)

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

Same

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified To Do Business in Florida

10/14/2004

6. FEI Number

59378 6446

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

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
<u>MGR</u>	<u>Yara De Abreu</u>	<u>2550 Citrus Tower Blvd #12103</u>	<u>Clermont, FL 34711</u>

800137607338
11/04/08--01019--004 **145.00

300138183043
11/21/08--01045--001 **137.50

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

Date

10/15/08

Daytime Phone #

951-914-9623

Typed or printed name of signing Managing Member/Manager