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REINSTATEMENT

PLEASE READ ALL INSTRUCTIONS BEFORE CO

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L05000109229  
1 Corporation Name  
**Y-GROUP PROJECT MANAGEMENT, LLC**

2. Principal Office Address - No P.O. Box #  
**1221 BRICKELL AVE**  
Suite, Apt. #, etc.  
**SUITE 660**  
City & State  
**MIAMI, FLORIDA**  
Zip Country  
**33131 USA**

3. Mailing Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

09/25/14--01010--011 \*\*125.00

CR2R081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
11/09/2005

5. FEI Number  
**20-3867684**

6. CERTIFICATE OF STATUS DESIRED  Additional Fee required for a Certificate of Status

Applied For:  No:  Applicable

7. Name and Address of Current Registered Agent  
Name  
**DALE REED**  
Street Address (P.O. Box Number is Not Acceptable)  
**1221 BRICKELL AVE**  
Suite, Apt. #, etc.  
**SUITE 660**  
City State Zip Code  
**MIAMI FL 33131**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0506 or 617 0503, F.S.

Signature of Registered Agent *[Signature]* Date **10/13/14**

**REGISTERED AGENT MUST SIGN**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	JOHN YANOPOULOS	1221 BRICKELL AVE	MIAMI FLORIDA 33131
AGENT	DALE REED	1221 BRICKELL AVE	MIAMI FLORIDA 33131

10. E-mail Address: **Joseph.Gelua@y-group.com** (To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.195, F.S.

SIGNATURE: *[Signature]* Date **10/13/14**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED  
 OCT 15 PM 3:19  
 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS