PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPAR Secretar DIVISION OF C	y of S	State		FILED 2009 NOV 30 AMII: 46	
DOCUMENT # LO700000 2222 1. Limited Liability Company's Name YG MANUAGEMENT, LLC				8(1170	## : 46 TALLANASSEE. FLORIDA DO 1 6 3 0 9 3 9 2 8 5/0901005003 **332.50	
Suite, Apt. #, etc. Suite, Apt. #, etc. Apt # 104 Apt # City & State City & State MirAmar, FL Miram Zip Country Zip		MAR, FL.		CR2E041 (11/09) 4. State/Country of Formation FLORION / WITEO STATES 5. Date Organized of Qualified To Do Business in Florida //08/2007 6. FEI Number 20-8176944 7. CERTIFICATE OF STATUS DESIRED.		
8. Name and Address of Name YANNICK N. BROWN Street Address (P.O. Box Number is Not Acceptable) 12130 SAINT ANDREM Suite, Apt. #, Etc. Apt #104 City MIRAMAR				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 Date 11/19/09 REGISTERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Mem	bers/Managers		itreet Address of Each			
Managing Members/ Managers Managing N			aging Member/Manag	er/Manager City / State / Zip		
MGRM GREGORIO A. POPA	101 401 # 530 1	12130 SAINTANDA! 11+# 104 530 NW 2145+ AP+# MIAMI, FL 33169		•	MIAMAR, FL. 33025 MIAMI, FL 33169	
	EINSTAT	E	AENT_O	8-09 AZ		
11. E-mail Address: YARCON (G) COMPIL COM (To be used for future annual report notifications) 12. 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 filling 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 11/19/09 Daytime Phone # 305 794 4259						