

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 AUG 29 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000015596

1. Limited Liability Company's Name

YAKO INVESTMENTS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
3505 OAKS WAY

3. Mailing Office Address
3505 OAKS WAY

Suite, Apt. #, etc.
SUITE 410

Suite, Apt. #, etc.
SUITE 410

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

Zip
33069

Country
USA

Zip
33069

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida
03-10-2018

6. FEI Number

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$9.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CORPWIZ REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)

8750 NW 38 STREET

Suite, Apt. #, Etc.

SUITE 425

City
MIAMI

State
FL

Zip Code
33178

000263855260
08/29/14--01021--016 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Oleg Cast Authorized Representative

Date 08/25/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	CARLOS E. LOYNAZ PALACIOS	3505 OAKS WAY, SUITE 410	POMPANO BEACH, FL 33069

11. E-mail Address: CARLOSLOYNAZ@GMAIL.COM; OLIVIA@WERMUTHLAW.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

Carlos E. Loynaz Palacios

Date 08/25/2014

Daytime Phone # 954-9794659

Typed or printed name of signing Authorized Representative/Manager CARLOS E. LOYNAZ PALACIOS

RE 9/2/14