

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -4 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W
10/11/04

DOCUMENT # M99000000398

1. Limited Liability Company's Name

YA HOLDINGS, LLC

REINSTATEMENT

2004

2. Principal Office Address

840 BERT ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

Country

32211

US

3. Mailing Office Address

840 BERT ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

Country

32211

US

4. State/Country of Formation

VIRGINIA

**5. Date Organized or Qualified
To Do Business in Florida**

03/15/1999

6. FEI Number

52-2148736

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

BEN SHMUL

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

840 BERT ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32211

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.

**Signature of
Registered Agent**

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/05/2004

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
MGRM	SHMUL, BEN	840 BERT ROAD	JACKSONVILLE, FLORIDA 32211

2000041667302
10/07/04--01021--024 **150.00

REINSTATEMENT

2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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 808.405, 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**

[Signature]

Date 10/05/2004

Daytime Phone # 904-721-1466

Typed or printed name of signing Managing Member/Manager BEN SHMUL