

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P00000004253**

1. Corporation Name

**YES AMERICA, INC.**

Principal Place of Business

Mailing Address

16252 S.W. 55TH ST  
MIAMI FL 33185-6

16252 S.W. 55TH ST  
MIAMI FL 33185-6

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/2000

5. FEI Number

65-0980352

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ROMERO, YOLANDA	16252 S.W. 55TH ST	MIAMI FL 33185
VD	ROMERO, SILVIO	16252 S.W. 55TH ST	MIAMI FL 33185

400004669204--8

-11/05/01--01064--005

\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROMERO, YOLANDA

16252 S.W. 55TH ST

MIAMI FL 33185-6

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Yolanda Romero*

Date 10-15-2001

REGISTERED AGENT MUST SIGN

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

YOLANDA ROMERO

SIGNATURE:

*Yolanda Romero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-2001 305 213 9845

Date

Daytime Phone #

CR2E040 (8/01)

16252 SW 55<sup>th</sup> ST  
Miami, Florida 33185-5002  
Telephone (305) 213-9845  
Fax (305) 220-3278  
Email yesamerica@att.net

*2012*

## Yes America

October 15, 2001

Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Reinstatement Officer:

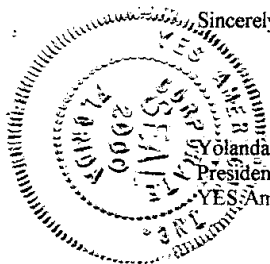
Previous notices have not been received; this is the first time that we receive a notice from Tallahassee Division of Corporations. Per your instructions, we are including a check for \$150.00 to cover the fees.

Please, reinstate our company and if you have, any questions do not hesitate to call us or fax us at any of the numbers indicated on the top right section of this letter.

Sincerely,

*Yolanda Romero*

Yolanda Romero  
President  
YES America, Inc.



Enclosures: Application for Reinstatement, Check No. 1157.