

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR -5 PM 5:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000038575

1. Corporation Name

YONO CORPORATION

300093729363  
03/19/07--01032--016 \*\*1200.00

2. Principal Office Address - No P.O. Box #

4792 NW 109<sup>th</sup> PASSAGE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33178

Country

USA

3. Mailing Office Address

4792 NW 109<sup>th</sup> PASSAGE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33178

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/12/2000

5. FEI Number

593640391

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ANDRE PRINCE, CPA

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

4792 NW 109<sup>th</sup> PASSAGE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

☐ The 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 reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Andre Prince*

REGISTERED AGENT MUST SIGN

Date 2/28/2007

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	DR. ANDRE JONES	16032 SW 151 <sup>ST</sup> STREET	MIAMI FLORIDA 33196
PRESIDENT	ANDRE PRINCE, CPA	4792 NW 109 <sup>th</sup> PASSAGE	MIAMI FLORIDA 33178
EVP	BARBARA GYLES	16032 SW 151 <sup>ST</sup> STREET	MIAMI FLORIDA 33196

10. 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 contained in Chapter 119, 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.

SIGNATURE:

*Andre Prince* ANDRE PRINCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/2007  
Date

305.972.6062  
Daytime Phone #