

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 26 PM 2: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038575

1. Corporation Name

YONO CORPORATION

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

4792 NW 109TH PASSAGE

Suite, Apt. #, etc.

City & State

DORAL, FLORIDA

Zip

33178

Country

USA

3. Mailing Office Address

4792 NW 109TH PASSAGE

Suite, Apt. #, etc.

City & State

DORAL, FLORIDA

Zip

33178

Country

USA

900162148699

10/26/09--01022--003 **300.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/2000

5. FEI Number

59-3640391

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDRE PRINCE

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

4792 NW 109TH PASSAGE

Suite, Apt. #, Etc.

City

DORAL

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 OCT 21ST, 2009

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	ANDRE JONES, PH.D.	8517 NW 59 TH COURT	TAMARAC, FLORIDA 33321
P	ANDRE PRINCE, CPA	4792 NW 109 TH PASSAGE	DORAL, FLORIDA 33178
EVP	BARBARA GYLES	8517 NW 59 TH COURT	TAMARAC, FLORIDA 33321
	REINSTATEMENT		RH

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

OCT 20TH, 2009

Date

(305) 972-6062

Daytime Phone #