PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -5 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 02 OBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000055658

1. Corporation Name

Y 2 5, INC.

2. Principal Office Address	**3.** Mailing Office Address
2101 NORMANDY DR	11103 NE 9 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI BEACH	
City & State	City & State
FL	MIAMI FL
Zip / Country	Zip / Country
33141 / USA	33161 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/8/2000

5. FEI Number: 65-1022127 ☐ 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: BUSTAMANTE, SANTOS E

Street Address (P.O. Box Number is Not Acceptable): 2101 NORMANDY DRIVE

Suite, Apt. #, Etc.:

City: MIAMI BEACH | State: FL | Zip Code: 33141

300008770653
11/04/02--01014--006 **30.00

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: Santos Bustamante
REGISTERED AGENT MUST SIGN

Date: 10/29/02

CR2E081 (9/01)

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
PST	BUSTAMANTE SANTOS E	2101 NORMANDY DR MIAMI BEACH FL 33141	MIAMI BEACH 33141
V P	BUSTAMANTE YESEBIA E.	2101 NORMANDY DR	MIAMI BEACH FL 33141

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 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.

SIGNATURE: Santos Bustamante
SANTOS E. BUSTAMANTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02
Date

(305) 895-4096
Daytime Phone #

jr 11/8/02

* NOTA:
WE CHANGE THE MAILING ADDRESS
TO 11103 NE 9 AVE, MIAMI FL 33161

AND WE NEVER RECEIVED DE UNIFORM REPORT.
2001-2002

SANTOS E. BUSTAMANTE