

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 11 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P000000 65658*

1. Corporation Name

Y2S, INC

300180670973

05/11/10--01005--008 **308.75

3/4/10 01003 006 150.00

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

11103 NE 9 Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

Country

33161 USA

Zip

Country

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

Santos E. Bustamante

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

11103 NE 9 Ave

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33161

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Date

REGISTERED AGENT MUST SIGN

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
<i>Pre</i>	<i>Santos E Bustamante</i>	<i>11103 NE 9 Ave</i>	<i>Miami, FL 33161</i>

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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 E Bustamante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/6/2010

Daytime Phone #

(305) 776-8558

5/11/10