

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000062590

1. Entity Name
YESENIA ALF, INC.



FILED
07 SEP 28 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15608 SW 63RD TERR
MIAMI, FL 33193

Mailing Address
15608 SW 63RD TERR
MIAMI, FL 33193

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09272007 REIN-P CR2E098 (1/07)

4. FEI Number
65-1019386

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, CLARIBEL
5420 E. 6TH AVENUE
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name BEINALDO LABRADOR

Street Address (P.O. Box Number is Not Acceptable)
15608 SW 63 Terra.

City MIAMI FL Zip Code 33193

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

09/27/07

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ACOSTA, CLARIBEL ☒ Delete
STREET ADDRESS 5420 EAST 6TH AVENUE
CITY-ST-ZIP HIALEAH, FL 33013

TITLE VD
NAME MORGADO, ANIBAL ☒ Delete
STREET ADDRESS 5420 E. 6TH AVE.
CITY-ST-ZIP HIALEAH, FL 33013

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P BEINALDO LABRADOR ☒ Addition
NAME
STREET ADDRESS 15608 SW 63 Terra
CITY-ST-ZIP MIAMI FL 33193.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100110248401
CITY-ST-ZIP 10/04/07-01005-001 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT 07 RES

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-07

Date

Daytime Phone #