


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000062590

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

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**

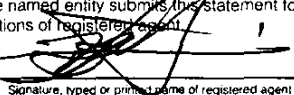
7. Name and Address of New Registered Agent

Name **BEINALDO LABRADOR**

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

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  DATE **09/27/07**

(NOTE: Registered Agent signature required when reinstating)

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

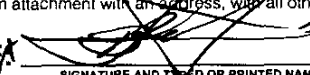
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE PD NAME ACOSTA, CLARIBEL <input checked="" type="checkbox"/> Delete STREET ADDRESS 5420 EAST 6TH AVENUE CITY-ST-ZIP HIALEAH, FL 33013	
TITLE VD NAME MORGADO, ANIBAL <input checked="" type="checkbox"/> Delete STREET ADDRESS 5420 E. 6TH AVE. CITY-ST-ZIP HIALEAH, FL 33013	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BEINALDO LABRADOR <input checked="" type="checkbox"/> Addition STREET ADDRESS 15608 SW 63 TERR CITY-ST-ZIP MIAMI FL 33193.	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 100110248401 CITY-ST-ZIP 10/04/07--01005--001 **150.00	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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  DATE **9-27-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR