


2007  
**2007 FOR PROFIT CORPORATION  
 REINSTATEMENT**

DOCUMENT # P00000099123		
1. Entity Name YUM YUM 2000 CORP.		

Principal Place of Business 710 WASHINGTON AVE MIAMI BEACH, FL 33139	Mailing Address C/O AL KARP 965 NE 171 NORTH MIAMI BEACH, FL 33162
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2. Principal Place of Business - No P.O. Box # 710 washing ave Suite, Apt. #, etc.	3. Mailing Address 710 WASHINGTON AVE Suite, Apt. #, etc.
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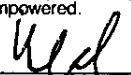
City & State MIAMI BEACH	City & State MIAMI BEACH FL 33139
Zip 33139	Country
Zip 33139	Country

6. Name and Address of Current Registered Agent KARP, ALVIN I 965 NE 171 STREET NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name MOSHE HAREL Street Address (P.O. Box Number is Not Acceptable) 710 WASHINGTON AVE MIAMI BEACH FL 33139 City MIAMI BEACH FL 33139 FL Zip Code 33139	
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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 	MOSHE HAREL 11/03/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAREL, MOSHE 3559 MAGELLAN CIRCLE #324 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSHE HAREL 710 WASHINGTON AVE MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800137853678 11/12/08--01039--005 **900.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MOSHE HAREL 	11/03/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

FILED  
 08 NOV 12 AM 10:48  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA



10312007 REIN-P CR2E098 (1/07)

4. FEI Number 65-1070922	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required