

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000003151

1. Corporation Name

YUJO ENTERPRISES, INC.

Principal Place of Business

13375 NW 7 TERRACE
MIAMI FL 33182

Mailing Address

13375 NW 7 TERRACE
MIAMI FL 33182

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Zip	Country
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/2001

5. FEI Number

65-1066198

Applied For

Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSTD	GONZALEZ, JOSE M	13375 NW 7 TERRACE	MIAMI FL 33182

600024508926
11/07/03--01052--007 **150.00

8. Name and Address of Current Registered Agent

GONZALEZ, JOSE M
13375 NW 7 TERRACE
MIAMI FL 33182

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
FL		

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date _____

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**YUJO ENTERPRISES, INC.
13375 NW 7 TERR.
MIAMI, FL. 33182**

PH. 786 344-1414

**FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
POB 6327
TALLAHASSEE, FL. 32314-6327**

REF: Document # P01000003151

Gentlemen:

**Please accept this letter as an apology for non renewal of the above
captioned reference.**

**We personally went to the US Post Office to complaint very strongly, as
we do sometimes do receive our mail late and or mail that does not
belong to us, etc. and as, unbelievable as it can be, this is the FIRST
notice that we do receive..**

**By this mean, we do ask you, please, to reconsider this situation and
waive the \$ 600.00 renewal fee.**

**We are attaching our check number: 1254, in the usual amount of \$
150.00 for your consideration.....and we thank you.....**

Sincerely,

Yujo Enterprises, Inc.

**Jose M. Gonzalez
President**