

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000003945

1. Corporation Name

YU SERVICES, INC.

Principal Place of Business

1103 BELLADONNA DRIVE
BRANDON FL 33510

Mailing Address

1103 BELLADONNA DRIVE
BRANDON FL 33510



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

2. New Principal Office Address, If Applicable

2067 MAJESTIC PINO CT NE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2067 MAJESTIC PINO CT NE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

PALM BAY, FL

City & State

PALM BAY, FL

Zip

32905

Zip

32905

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	PRSD Hyon Yu	2067 MAJESTIC PINO CT, NE	PALM BAY, FL 32905
2			
3			
4			
5			
6			
7			
8			

100011783821
02/04/03--01056--009 **150.00

100011783821
02/04/03--01056--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YU, HYON

1103 BELLADONNA DRIVE
BRANDON FL 33510

Name

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

2067 MAJESTIC PINO CT, NE, 1

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32905

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 29 Jan 2003

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Jan 2003 (321) 403-3150

Date

Daytime Phone #

321-403-3150

January 30, 2003

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Yu Services, Inc.
RE: P01000003945

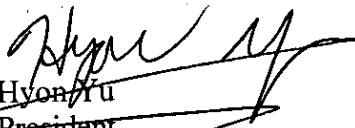
Dear Sir or Madam:

I am writing this letter as a request to waive the reinstatement fee for Yu Services, Inc. The prior UBR notices were sent to my previous residence and I did not receive them until recently. I have made the required corrections to this notice and have enclosed the annual fee of \$ 150.00.

I apologize for this error and I have taken steps to ensure it will not happen in the future.

Thank you for your consideration of this request.

Sincerely,


Hyon Yu
President
Yu Services, Inc.