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 # P0100009043

1. Corporation Name

SIGNATURE:

Y&R ENTERPRISES, INC.

FILED

03 OCT 15 AM 8:33

SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Pl	Mailing Addr	Mailing Address								
16691 SW 49TH ST. 16691 SW				9TH ST.						
				SOUTHWEST RANCHES FL 33331						
									AFF.	
If above addresses are incorrect in any way, line through incorrect in							REMISTATEMENT 1			
New Principal Office Address, If Applicable New Maili New Maili				ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 01/23/2001			
Suite, Apt. #, etc. Suite, Apt. #							5. FEI Numbe		Applied For	
City & State City & Sta)				31-1758229	Not Applicable	
Zip Country			Zip Cour				6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
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		
P	SIROTA, ROBERT			16691 SW 49TH ST.				SOUTHWEST RANCHES FL 33331		
VS	SIROTA, YOUNG LIM			16691 SW 49TH ST.			·	SOUTHWEST RANCHES FL 33331		
T	SIROTA, HERMAN				16200 GOLF CLUB RD., #213			WESTON FL 33326		
	-							,		
				Sg			80	1 0023805438 /0301022020 **150,00		
							10/15/	0 301022020 	**150.00	
<u> </u>										
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent Name				
CIDATA DABERT						Tearing				
SIROTA, ROBERT 16691 SW 49TH ST.					Street Address (P.C			O. Box Number is Not Acceptable)		
SOUTHWEST RANCHES FL 33331					Suite, Apt. #, Etc.					
						City State Zip Code				
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 o Registered	Agen	(XXX)		BCC-	ROTA		Date10 8	103		
्त . 		RI	GISTERED AG	ENT 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FROM: Robert Sirota, President

Y&R Enterprises 16691 SW 49th St.

Southwest Ranches, FL 33331

954/434-4881 RYLH@prodigy.net

TO: Florida Dept. of State

Division of Corporations

Glenda Hood Secretary of State

To Whom it May Concern,

-Y&R Enterprises never received our UBR notices.

Please reinstate us at your earliest convenience.

If you have any questions, please feel free to contact me at the above number or E-mail address.

Sincerely,

Robert Sirota President