

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 23 AM 2:41

DOCUMENT # PO1000031417

1. Corporation Name

YAMO, Inc.

2. Principal Office Address

260 95th St.

Suite, Apt. #, etc.

202

City & State

Surfside FL

Zip

33154

Country

Miami Dade

3. Mailing Office Address

260 95th St.

Suite, Apt. #, etc.

202

City & State

Surfside FL

Zip

33154

Country

Miami Dade

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

April 2001

5. FEI Number

05-1090184

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Simy Benmergui

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

260 95th Street

Suite, Apt. #, Etc.

202

City

Surfside

State

FL

Zip Code

33154

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Benmergui
REGISTERED AGENT MUST SIGN

Date

9/15/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Judah Ari Benmergui	260 95th St. #202	Surfside, FL 33154
Sec	Simy Benmergui	260 95th St. #202	Surfside, FL 33154

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10. 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:

Benmergui
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/15/05

Daytime Phone #

(305) 8650453