PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

02 WAR

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

FILED
02 NOV -4 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/04/02--01077--009 **150.00

DOCUMENT # P01000034163

1. Corporation Name

YUCA PRODUCTIONS INC.

Principal Place of Business	Mailing Address
9915 NW 47 TERRACE MIAMI FL 33178	9915 NW 47 TERRACE MIAMI FL 33178

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 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/04/2001

5. FEI Number: ☐ Applied For ☑ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BARRUECO, ROBERT	9915 NW 47 TERRACE	MIAMI FL 33178

AR 11/8

8. Name and Address of Current Registered Agent

BARRUECO, ROBERT
9915 NW 47 TERRACE
MIAMI FL 33178

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/02)

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: 10/22/2002

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

10/22/2002
Date

305-479-6079
Daytime Phone #

Yuca Productions Inc.

9915 NW 47 Terr.
Miami, FL. 33178

October 31, 2002

Division of Corporations
Annual Report / Reinstatement Section
PO BOX 6327
Tallahassee FL. 32314-6327

Dear Sir or Madam:

This letter is to request that Yuca Productions Inc. be returned to "active" status. The two prior uniform business report (UBR) notices were not received and unfortunately the deadline to pay the annual fee was missed.

I apologize for any inconvenience that this oversight may have caused you and your department. I have included the $150.00 required for a profit corporation.

Sincerely,

Robert Barrueco
Director