

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 28 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000036339

1. Corporation Name

YACRISMAR, CORP.

2. Principal Office Address

968 EAST 25 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33013

Country

USA

3. Mailing Office Address

968 EAST 25 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33013

Country

USA

REINSTATEMENT

02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/10/2001

5. FEI Number

NONE

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

HUMBERTO PENA

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

310 NW 48 CT

Suite, Apt. #, Etc.

LOT# 46

City

POMPANO BEACH

State

FL

Zip Code

33064

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

Date 08/1/2003

REGISTERED AGENT MUST SIGN

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
PD	HUMBERTO PENA	310 NW 48 CT LOT#46	POMPANO BEACH, FL 33064

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:

HUMBERTO PENA

08/1/2003 954-288-9427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #