PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA REINSTATI		- i		1 5	DEPAR Secretar sion of c	y of S								
DOCUMENT # P01000079946									08 OCT -6 PM 1: 17					
1. Corporation Name									DEFA TALLAHADA LE, FLORIDA					
YDL Ya	achtir	ng (Corporat	ion			•							
					office Addre									
3260 Chase			3260 Chase Avenue				CR2E081 (10/08)							
Suite, Apt. #, etc. Suite, Apt. #,						etc.			4. Date incorporated or Qualified					
City & State City & State								コ	To Do Business in Florida 8/24/2001					
Miami Beach, Florida				Miami Beach, Florida					5. FEI Number Applied For 651129130 Not Applied				-	
^{Zip} 33140	40 USA		^{Zip} 33140		US	=		6. CERTIFICATE OF STATUS DESIRED SE			ditional Lee require ortificate of Status	(c		
7. Name and Address of Current Registered Agent									-		_		1	
Name Yves Di Lena Street Address (P.O. Box Number is Not Acceptable)									The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you					
3260 Chase Avenue Suite, Apr. #, Etc.									are certifying the prior notices were not received and requesting the reinstatement					
City Miami Beach State Zip Code FL 33140									fee be waived.					
8. I, being appointed Signature of Registered Agent	d the regit	stered	fur	respansed corpo			with and accept the	e ob	ligations of secti	on 607.0505 or 617.0				
9. Names and Street	et Addres	ses of	Each Officer an	d/or Director (Flo	orida nonpri	ofit corp	orations must list at	t lea	st 3 directors)				1	
Titles	Name of Officers and/or Directors					Street Address of Each Officer and/or Director				City / State / Zip				
P Yves	Yves Di Lena					3260 Chase Avenue				Miami Beach, Florida 33140				
						E.				500135661 107067080104100			300.00	
R	ΕIJ	N;	STA	ΓEM	EN	T		R	H					
owed by the corp	nt applicat poration h on is true a	tion, the	e reason for dissen paid and the curate, and my	chifich has been permiss of individ- ignature shall ha	n eliminated tuals listed (rve the sam	i, the coo on this f ne legal es Di	rporate name satisf orm do not qualify fi effect as if made un	nes t or a nder	the requirements n exemption con ceth.	of section 607.0401 tained in Chapter 119	or 617.0401, F I, F.S. The info	.s., that all fees mation indicated		
	SIGNAT	URE A	MB TYPED OR PR	INTED NAME OF S	SIGNUNG OF	FICER O	R DIRECTOR	_		Date	Daytime Pl	hone #	J	