PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 24 AM 8:01

DOCUMENT # P01000090890

1. Corporation Name
YPC ENTERPRISES INC.

REINSTATEMENT 02
@ 12/31/02

2. Principal Office Address
1110 Garden St

Suite, Apt. #, etc.

City & State
Titusville FL

Zip 32796   Country BREVARD

3. Mailing Office Address
1110 Garden St.

Suite, Apt. #, etc.

City & State
Titusville

Zip 32796   Country BREVARD

4. Date Incorporated or Qualified To Do Business in Florida 9/17/01

5. FEI Number 59-3754047   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 Hina Shastri

Street Address (P.O. Box Number is Not Acceptable)
1110 Garden St.

Suite, Apt. #, Etc.

City Titusville   State FL   Zip Code 32796

800009651888
12/24/02--01006--013 **750.00

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 Hina Shastri   Date 12/19/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P	Alkesh S. Shastri	2604 Demaret Dr.	Titusville FL 32780
D	Hina Shastri	2604 Demaret Dr.	Titusville FL 32780

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: _____   12/11/02   321-383-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #