

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000110022

1. Corporation Name Yogarosa, Inc.

71410000010411

2. Principal Office Address - No P.O. Box #
110 N. Federal Hwy.

Suite, Apt. #, etc.
#304

City & State
Hallandale Beach

Zip 33009 Country USA

3. Mailing Office Address
Same

Suite, Apt. #, etc.
Same

City & State
Same

Zip same Country same

7. Name and Address of Current Registered Agent

Name Rosa Santana

Street Address (P.O. Box Number is Not Acceptable)
110 N. Federal Hwy #304

Suite, Apt. #, Etc. #304

City Hallandale Beach, State FL Zip Code 33009

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/15/10

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 |
|--------|--------------------------------------|---|--------------------------|
| Mrs. | Rosa Santana | 2020 SW 36 Ave. | Ft. Lauderdale, FL 33312 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 08-10

RH

10. E-mail Address: yogarosa@msn.com

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/10 (954) 456-6077

Date

Daytime Phone #

FILED

10 MAR 15 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500170696055
02/26/10--01043--020 **158.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 11/16/2001

5. FEI Number 65-1154444 ☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

500170696055
03/15/10--01062--013 **299.90