

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 MAR 15 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000110022

1. Corporation Name Yogarosa, Inc.

71410000010411

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

3. Mailing Office Address  
same

Suite, Apt. #, etc.  
# 304

Suite, Apt. #, etc.  
same

City & State  
Hallandale Beach

City & State  
same

Zip 33009 Country USA

Zip same Country same

**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

**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

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

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]

Date 2/15/10

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
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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/10 (954)456-6077  
Date Daytime Phone #