

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JAN 31 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000025509

1. Corporation Name

ZAT-YU, INC.

100065570931
02/10/06--01026--017 **450.00

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address

38 EAST 22ND COURT

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

Zip
33404

Country
PALM BEACH COUNTY

3. Mailing Office Address

38 EAST 22ND COURT

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

Zip
33404

Country
PALM BEACH COUNTY

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

3/7/2002

5. FEI Number

04-3632408

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

KAREN JAN

Street Address (R.F. Box Number is Not Acceptable)

38 EAST 22ND COURT

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33404

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

Karen Jan

REGISTERED AGENT MUST SIGN

Date 1/17/06

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
MS	KAREN JAN	38 EAST 22ND COURT	WEST PALM BEACH, FL. 33404

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 contained in Chapter 119, 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:

Karen Jan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06

Date

954-561-5670

Daytime Phone #

JOHN C. WALKER, C.P.A., P.A.

A Professional Corporation

PLAZA 3000

3020 NORTH FEDERAL HIGHWAY • BUILDING 11 • FORT LAUDERDALE, FLORIDA 33306

(954) 561-5670 • FAX (954) 561-2749

e-mail: johnw@netdor.com

1/24/06

Re: 2AT-YU, Inc

PO2000025509

Dear Sir / Mrs.

Ms Karen Jan (2AT-YU, Inc)
moved 9/03 to 1200 ~~to~~ Mathis ST
Lake Worth, FL - She moved
again 10/04 to 38 East 22 CT
W. Palm Bch FL 33404

Since she did not receive the
annual report filing notice we
respectfully request you abate the
late filing penalty. Enclosed
is our check for \$450 - for the
year 2004, 2005, 2006. Thanks
for wisdom
Sweet John Walker