


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

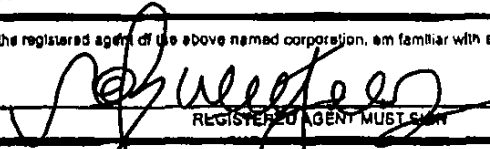
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000081121			
1. Corporation Name YASERIVA, INC.			
2. Principal Office Address 2699 COLLINS AVENUE		3. Mailing Office Address SAME	
Suite, Apt. #, etc. SUITE 110		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FLORIDA		City & State	
Zip 33140	Country USA	Zip	Country

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida JULY 25, 2002	
5. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ANTONIO A RODRIGUEZ	
Street Address (P.O. Box Number is Not Acceptable) 1902 SW 124 PLACE	
Suite, Apt. #, Etc.	
City MIAMI	State / Zip Code FL 33175

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  **REGISTERED AGENT MUST SIGN** Date **AUGUST 8, 2006**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	DIANA M YASER	2699 COLLINS AVE., #110	MIAMI BEACH, FL 33140

8/8/23

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:  **DIANA M YASER** Date **AUGUST 8, 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

MARIN
A PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

255 ALHAMBRA CIRCLE, SUITE 705
CORAL GABLES, FLORIDA 33134

TELEPHONE: (305) 448-0511
FACSIMILE: (305) 448-3959
INFO@MARINLAWYERS.NET

August 22, 2006

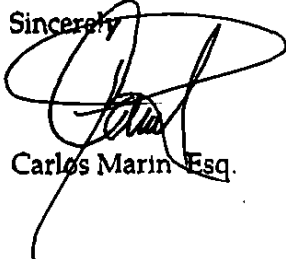
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: YASERVIA, INC.

This letter is submitted on behalf of Yaseriva, Inc. to request the waiver of the reinstatement fee for the reinstatement dated August 8, 2006. The corporation was dissolved on October 1, 2004 for failure to file the annual report. The company or its officers failed to receive the annual report notices on 2004 or the years thereafter. Thank you for your favorable consideration.

If you have any questions or comments or would like to further discuss this matter, please call me at (305) 448-0511.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carlos Marin', is written over the word 'Sincerely,'.

Carlos Marin Esq.