
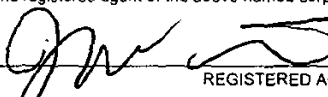
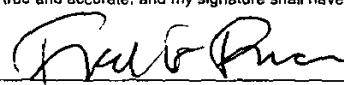


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000081250			
1. Corporation Name <b>YANFRED STABLE INVESTMENTS INC.</b>			
2. Principal Office Address - No P.O. Box # <b>2600 Douglas Road</b> Suite, Apt. #, etc. <b>Suite 1100</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b> Country <b>USA</b>		3. Mailing Office Address <b>2600 Douglas Road</b> Suite, Apt. #, etc. <b>Suite 1100</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b> Country <b>USA</b>	
7. Name and Address of Current Registered Agent Name <b>FREDIS FRANCHI</b> Street Address (P.O. Box Number is Not Acceptable) <b>2600 Douglas Road</b> Suite, Apt. #, Etc. <b>Suite 1100</b> City <b>CORAL GABLES</b> State <b>FL</b> Zip Code <b>33172</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>7/25/2002</b> 5. FEI Number <b>542065318</b> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> 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.	
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  Date <b>10/22/2008</b> REGISTERED AGENT MUST SIGN			
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
DPS	FREDIS FRANCHI	2600 Douglas Road	Coral Gables, FL 33134
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:  FREDIS FRANCHI		Date <b>10/22/2008</b>	Daytime Phone # <b>305-279-4101</b>

FILED

2008 OCT 23 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

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11/04/08--01031--003 \*\*450.00

B. Mitchell OCT 23 2008

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October 22, 2008

Division of Corporations  
State of Florida  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: YANFRED STABLE INVESTMENTS INC. (P02000081250)

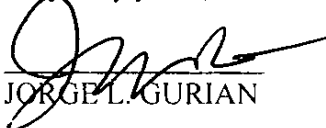
To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for YANFRED STABLE INVESTMENTS INC.. The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2006, 2007 or 2008. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2006, 2007 & 2008.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,

  
JORGE L. GURIAN

  
FREDIS FRANCHI

Enclosure