

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000103966**

1. Corporation Name

YB CONSULTING, INC.

Principal Place of Business

**7761 SW 21 STREET
MIAMI FL 33155**

Mailing Address

**7761 SW 21 STREET
MIAMI FL 33155**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~750 ESPANOLA WAY~~
~~#7~~

City & State **MIAMI BEACH, FL**

Zip **33139** Country **USA**

3. New Mailing Office Address, If Applicable

~~750 ESPANOLA WAY~~
~~#7~~

City & State **MIAMI BEACH, FL**

Zip **33139** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/2002

5. FEI Number

74-3067635

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	BATALLA, YVETTE C MS.	7761 SW 21 STREET 750 ESPANOLA WAY #7	MIAMI FL 33155 MIAMI BEACH, FL 33139
TR.	BATALLA, YVETTE C MS.	7761 SW 21 STREET 750 ESPANOLA WAY #7	MIAMI FL 33155 MIAMI BEACH, FL 33139
SEC.	BATALLA, YVETTE C MS,	7761 SW 21 STREET 750 ESPANOLA WAY #7	MIAMI FL 33155 MIAMI BEACH, FL 33139

500023968565
10/21/03--01054--022 **150.00

8. Name and Address of Current Registered Agent

**LEON, TERESITA L MRS.
7761 SW 21 STREET
MIAMI FL 33155**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

305 335 0569

CR2E040 (7/03)

October 10, 2003

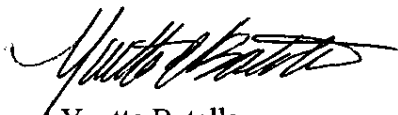
Glenda E. Hood
Secretary of State
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Hood:

Please note that I had not received previous UBR notices. The enclosed is the first notice I had received. I am also enclosing my completed form along with the \$150.00 fee to file the report.

Please advise if there are additional steps needed to complete this process. Thank you.

Regards,



Yvette Batalla
President

YB Consulting, Inc.