

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000127799

1. Corporation Name

YVSA, INC.

Principal Place of Business

6720 N.W. 174TH TERRACE. #G
HIALEAH FL 33015

Mailing Address

P.O. BOX 171912
HIALEAH FL 33017-1912

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/2002

5. FEI Number

56-2306259

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MONETTI, SARAH F	8087 NW 8TH STREET APT 2	MIAMI FL 33126

300024025083

10/22/03--01069--010 **150.00

8. Name and Address of Current Registered Agent

ZORRILLA, YVETTE E
77335 NW 67TH PLACE
#E
HIALEAH FL 33015

9. Name and Address of New Registered Agent

Name

SARAH F. MONETTI

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

8087 NW 8TH STREET

Suite, Apt. #, Etc.

APT 2

City

MIAMI

State

FL

Zip Code

33126-2838

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

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/20/03

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 SARAH F. MONETTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03 (205) 557-7538

Daytime Phone #

CR20040 (7/03)

YVSA, Inc.

P.O. BOX 171912

Hialeah, Florida 33017-1912

PH:(305) 557-7533 * FAX(305)557-7059

E-MAIL: YVSA_INC@YAHOO.COM

Hialeah, 10/20/03

**To: Florida Department of State.
Attn: Division of Corporations.
Re: Reinstatement Request Yvsa, Inc.**

Dear Sir or Madam:

Please find attach an application for reinstatement of YVSA, INC Document # P02000127799 and the fee to file the report without penalty USD\$.150.00.

With this letter I'm stating that I didn't receive the prior Uniform Business Report (UBR) notice. I'll appreciate if in the future you send any information to our P.O. Box 171912 Hialeah, Fl. 33017-1912.

Thank you for your attention to this matter.

Sincerely,



**Sarah E. Monetti
President.**