


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 20 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000036408

1. Corporation Name
YAMINI KITCHENS AND MORE, INC.

2917 NW 82 AVENUE
2917 NW 82 AVENUE

2. Principal Office Address
2917 NW 82 AVENUE

3. Mailing Office Address
2917 NW 82 AVENUE

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip Country
33122 USA

Zip Country
33122 USA

400043538234
12/20/04--01071--009 **150.00

REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida 04/01/2003

5. FEI Number 55-0846172 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

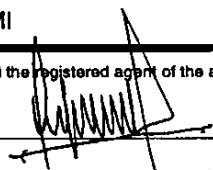
Name
YAMIN, AUGUSTO

Street Address (P.O. Box Number is Not Acceptable)
2917 NW 82 AVENUE

Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33122

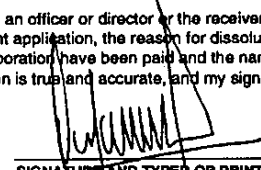
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 12/14/04

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
PD	YAMIN, AUGUSTO	2917 NW 82 AVENUE	MIAMI, FLORIDA 33122
VD	YAMIN, KARLA	2917 NW 82 AVENUE	MIAMI, FLORIDA 33122

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 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:  AUGUSTO YAMIN Date 12/14/04 Daytime Phone # 305.597.6335

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

2917 NW 82 Ave.
Miami, Florida 33122

Yamini Kitchens and More, Inc.

December 14, 2004

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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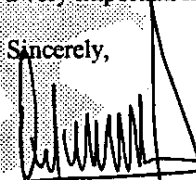
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Dear Sir or Madam:

Per your instructions, enclosed please find a Reinstatement form for the above referenced corporation. Please note that you have the incorrect address for this corporation. Also, as we informed you, we never received the 2004 Uniform Business Report from you. Most likely is because you had the incorrect address, or perhaps the documents were lost in the mail.

In any event, and per your instructions, enclosed is also a check payable to Department of State for the 2004 fees. Please process the above and reinstate our corporation. As you can understand this is a very important matter to us. Thank you for your assistance.

Sincerely,



Augusto Yamin
Pres.