

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 AUG 27 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004

DOCUMENT # P03000083471

1. Corporation Name

YNM BUSINESS GROUP, CORP

10815 SW 112 AVENUE
10815 SW 112 AVENUE

2. Principal Office Address

10815 SW 112 AVENUE

3. Mailing Office Address

10815 SW 112 AVENUE

Suite, Apt. #, etc.

SUITE # 301

Suite, Apt. #, etc.

SUITE # 301

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33176

Country

USA

Zip

33176

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 07/30/2003

5. FEI Number

57-1180352

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

YADIRA E. MARTINEZ

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

10815 SW 112 AVENUE

Suite, Apt. #, Etc.

301

City

MIAMI

State

FL

Zip Code

33176

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

Yadira Martinez

Date 08/16/2004

REGISTERED AGENT MUST SIGN

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
PST	YADIRA E. MARTINEZ	10815 SW 112 AVENUE, STE # 301	MIAMI, FL 33176

000040684820
08/31/04--01022--005 **150.00

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:

Yadira Martinez

08/16/2004

305-582-8668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Miami, August 16th, 2004

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: YNM BUSINESS GROUP, CORP.
Doc Number P03000083417**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.


We are enclosing a check for \$250 to cover the following fees:

2003 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2001.

Your consideration will be greatly appreciated.

Sincerely,


**Yadira E. Martinez
President
10815 SW 112th Avenue, # 301
Miami, FL 33176**