

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -1 PM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *703000089788*

1. Corporation Name
Yuniel Garage Soor Corporation

2. Principal Office Address
6120 NW 110 Terr
Suite, Apt. #, etc.

3. Mailing Office Address
6120 NW 110 Terr
Suite, Apt. #, etc.

City & State
Hialeah, Florida
Zip
33012
Country
USA

City & State
Hialeah, Florida
Zip
33012
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
08/15/03

5. FEI Number
20-0375405
Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 04-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Yuniel Garage Soor / Arqimides Tamayo
Street Address (P.O. Box Number is Not Acceptable)
6120 NW 110th Terrace
Suite, Apt. #, Etc.
City
Hialeah

900074347329
05/10/06 State 21004-004 **1050.00
FL 33012

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
[Signature]
Date
04/28/06
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
<i>P</i>	<i>Arqimides Tamayo</i>	<i>6120 NW 110 Terr</i>	<i>Hialeah, FL. 33012</i>
		<i>[Signature]</i>	

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: *[Signature]* Date *04/28/06* Daytime Phone # *(305) 649-8494*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR