


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 24 PM 2:59


<b>DOCUMENT # P03000090748</b>	
1. Entity Name YAC INTERNATIONAL, INC.	

Principal Place of Business 2541 8TH STREET NE NAPLES, FL 33120	Mailing Address 2541 8TH STREET NE NAPLES, FL 33120
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2. Principal Place of Business - No P.O. Box # 3431 Wilson Blvd N.	3. Mailing Address 3431 Wilson Blvd N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples, FL 34120	City & State Naples, FL
Zip 34120	Zip 34120
Country USA	Country USA

6. Name and Address of Current Registered Agent ARMAS, YASSEL 2541 8TH STREET NE NAPLES, FL 33120	
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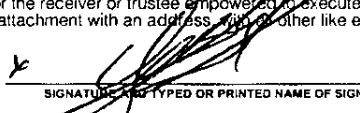
	
04052008 REIN-P	CR2E098 (1/07)
4. FEI Number 81-0629495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name YASSEL ARNAS	
Street Address (P.O. Box Number is Not Acceptable) 3431 Wilson Blvd N.	
City Naples	Zip Code FL 34120

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4-20-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMAS, YASSEL 2541 8TH STREET NE NAPLES, FL 33120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNAS, YASSEL 3431 Wilson Blvd N. Naples, FL 34120 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400125551614 04/24/08--01023--022 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 4/25/08 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, or on other like empowered.	
SIGNATURE: 	DATE 4-20-08
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	