

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC -4 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000113607

1. Corporation Name

YAMI'S LOVING HOME INC.

2. Principal Office Address - No P.O. Box #
1425 SW 91 AVE

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33173

Country
USA

3. Mailing Office Address
1425 SW 91 AVE

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33173

Country
USA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **10/14/2003**

5. FEI Number **81-0639610**

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
YAMIRIS HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
15420 SW 74 CIRCLE CT

Suite, Apt. #, Etc.
#205-2

City
MIAMI,

State Zip Code
FL 33193

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date **11/27/2007**

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
DP	YAMIRIS HERNANDEZ	15420 SW 74 CIRCLE CT.#205-2	MIAMI, FLORIDA 33193
			200112815712 12/04/07--01042--007 **300.00

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 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:

YAMIRIS HERNANDEZ

11/27/2007

786-876-8650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #