


2005 FOR PROFIT CORPORATION REINSTATEMENT

102

DOCUMENT # P03000116307

1. Entity Name
YOGA MUNDO INC.



Principal Place of Business
**5738 GREEN ISLAND DR.
LAKE WORTH, FL 33463**


Mailing Address
**5738 GREEN ISLAND DR.
LAKE WORTH, FL 33463**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

05 MAY 16 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

4. FEI Number
86-1089265

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For Not Applicable

6. Name and Address of Current Registered Agent

**HORNUNG, MONICA
5738 GREEN ISLAND DR.
LAKE WORTH, FL 33463**

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNUNG, MONICA 5738 GREEN ISLAND DR. LAKE WORTH, FL 33463 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500055200155 05/24/05--01075--006 **150.00
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 500055200155 05/24/05--01075--007 **150.00
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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 exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: M. Hornung **4/30/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Cormat Tax & Accounting Services, Inc.

2087

April 30, 2005

Division of Corporations
Attn: Reinstatement
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Yoga Mundo Inc.
P03000116307

Per our phone call to your office, the first notice and the second notice in Sept. 04 were never received in the mail. some mail was not received due to the hurricanes. We never received the notice for 2005 either. As a result, we are requesting that any penalties be abated.

The enclosed checks for \$150 for 2004 and \$150 for 2005 should cover reinstatement costs and there shouldn't be any balance due.

Thank you in advance for taking care of this matter. If you have any questions, please call.

Sincerely,



Ron Wagshol