
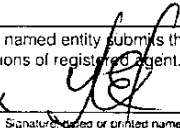
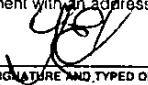


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000007365 1. Entity Name Y & M GENERAL SERVICES INC.					
Principal Place of Business 13720 SW 13 STREET MIAMI, FL 33184		Mailing Address 13720 SW 13 STREET MIAMI, FL 33184			
2. Principal Place of Business 5824 SW 146th Ct Suite, Apt. #, etc.		3. Mailing Address 5824 SW 146th Ct Suite, Apt. #, etc.			
City & State Miami FL Zip 33183		City & State Miami FL Zip 33183		4. FEI Number 32-0104234 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, YOAN 13720 SW 13 STREET MIAMI, FL 33184			7. Name and Address of New Registered Agent Name Yoan Martinez Street Address (P.O. Box Number is Not Acceptable) 5824 SW 146th Ct City Miami State FL Zip Code 33183		
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  yoan martinez <small>Signature of or printed name of registered agent and title if applicable</small>			DATE 10/7/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FEE NOTICE: FEES \$150.00 If not satisfied, \$200 Fee will be \$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 MARTINEZ, YOAN 13720 SW 13 STREET MIAMI, FL 33184			TITLE NAME STREET ADDRESS CITY-ST-ZIP P YOAN MARTINEZ 5824 SW 146th Ct Miami FL 33183		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MARTINEZ, MILEIDI 13720 SW 13 STREET MIAMI, FL 33184			TITLE NAME STREET ADDRESS CITY-ST-ZIP NP/S Mileydis Espino 5824 SW 146th Ct Miami FL 33183		
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]			TITLE NAME STREET ADDRESS CITY-ST-ZIP 600062632098 10/14/05		
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]			TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]			TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]			TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]		
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: X  YOAN MARTINEZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 10/7/05 (786) 229-4376 <small>Date Daytime Phone #</small>		

FILED

05 OCT 14 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10072005 REIN-P CR2E098 (6/04)