

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 APR 25 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000023206

1. Corporation Name

Yab IV, INC

2. Principal Office Address - No P.O. Box #

5805 Blue Lagoon Dr

Suite, Apt. #, etc.

Suite 220

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

5805 Blue Lagoon Dr

Suite, Apt. #, etc.

Suite 220

City & State

Miami, FL

Zip

33126

Country

USA

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/2004

5. FEI Number

203265922

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

Fowler White Burnett, P.A.

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

1345 Brickell Avenue

Suite, Apt. #, Etc.

14th Floor

City

Miami

State

FL

Zip Code

33126

☐ 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.

600123773666
04/17/08 01003-009 **750.00

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]

REGISTERED AGENT MUST SIGN

Date

04/24/08

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
D	Alessandro Capra	5805 Blue Lagoon Dr Suite 220	Miami, FL 33126
D	Niccolò Capra	5805 Blue Lagoon Dr Suite 220	Miami, FL 33126
D	Francois A. de Capra	5805 Blue Lagoon Dr Suite 220	Miami, FL 33126
		04/17/08 01003 009 \$750.00	
		600123773666	
		05/07/08 01042 025 **150.00	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/24/08

Daytime Phone #