2006 FOR PROFIT CORPORATION REINSTATEMENT

		XEIL	19 I A I	EMENI			,		
DOCUM	MENT	#P0400	008387	' 0				FILED	
1. Entity Name	e							· · · · -	
YOEL'S L	AWN SE	RVICE, INC) .					06 APR 21 PM 1:06	
Oringinal Place	a of Business			Asiling Address			1	SECRE LAKE UP STATE	
Principal Place of Business 12730 SW 47 ST				Mailing Address 12730 SW 47 ST				TALLAHASSEE, FLORIDA	
12/30 SW 4/ 51 MIAMI, FL 33175				MIAMI, FL 33175					
2. Principal Place of Business				3. Mailing Address			I IRAHBAH SH		19
Suite, Apt. #, etc.				Suite, Apt. #, etc.				STATEMENT (11/05)()5	· U
City & State				City & State			4. FEI Number 20 - //	76747 Not Applica	
Zip	Country			Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address o	f Current Regi	istered Agent		Naine	7. Name and	Address of New Registered Agent	
SUAREZ.	YOEL								
12730 SW 47 ST MIAMI, FL 33175						Street Address (P.O. Box Number is Not Acceptable)			
						City		FL Zip Code	\dashv
9 The above	named enti	ty submits this st	atement for the	ourcose of changing its	renister	ed office or registe	red agent, or bo	oth, in the State of Florida. I am familiar with, and acco	ept
		tered agent.	- 4 1	pulpood of onlinging in	, og.o.o.	ou oog			
SIGNATURE_		~	A44_					04.13.006	
SIGNATURE -	Signature, types	d or printed name of re	istered agent and tit	tle if applicable. (NOT	E: Register	ed Agent algnature requi	ired when reinstaling	DATE	
								1dana with a 607 103/3)/b) E.S. th	
FII	LE NOW!	!! FEE IS \$3	00.00					In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	•
10.		OFFIC	CERS AND DIR	ECTORS	11.		ADDITIONS	/CHANGES TO OFFICERS AND DIRECTORS IN 11	ゴ
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CITY-ST-ZIP						Y-ST-ZIP		K. Eckel APR 2 4 2006	
indicated of the co	d on this rep progration or	ort or suppteme: the receiver or t	ntal report is tru rustee empowe	e and accurate and that ered to execute this repo	my sign nt as requ			 Florida Statutes. I further certify that the informatic ect as if made under oath; that I am an officer or directes; and that my name appears in Block 10 or Block 1 	
changed	d, or on an a	ttachment with a	n address, with	all other like empowere	a.			13-2006	ļ
SIGNAT	IURE:	SIGNATURE A	NO TYPED OR POIN	TED NAME OF SIGNING OFFICE	R OR DIRE	CTOR		Date Daytime Phone #	- 1