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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000141226

1. Corporation Name

Yaibe Corp.

REINSTATEMENT 05-06

2. Principal Office Address	3. Mailing Office Address
396 Alhambra Circle	396 Alhambra Circle
Suite, Apt. #, etc. Suite 210	Suite, Apt. #, etc. Suite 210
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134 Country Dade	Zip 33134 Country Dade

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 20-1732409 ☐ 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: Diego L. Restrepo, Esq.

Street Address (P.O. Box number is Not Acceptable): 396 Alhambra Circle

Suite, Apt. #, Etc.: Suite 210

City: Coral Gables State: FL Zip Code: 33134

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: Diego Lusy Date: 10-06-2006

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
D,P	Alberto Lozada	396 Alhambra Circle, # 210	Coral Gables, FL 33134
D	Jorge Lozada	396 Alhambra Circle, # 210	Coral Gables, FL 33134
D, T	Eduardo Herrera	396 Alhambra Circle	Coral Gables, FL 33134
S	Diego L. Restrepo	396 Alhambra Circle, Suite 210	Coral Gables, FL 33134

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: Diego Lusy 10-06-2006 (305) 447-9430

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

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : DIEGO L. RESTREPO, P.A.
Account Number : I20060000072
Phone : (305)447-9430
Fax Number : (305)448-5541

CORPORATION REINSTATEMENT

YAIBE CORP.

Certificate of Status	0
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