

FROM : DIEGO L RESTREPO, P.A.

FAX NO. : 3054485541

Oct. 06 2006 08:04PM P2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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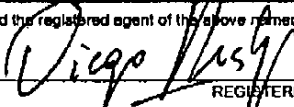
SECRET
TALLAHASSEE, FL

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000141226					
1. Corporation Name Yaibe Corp.					
2. Principal Office Address 396 Alhambra Circle			3. Mailing Office Address 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		

REINSTATEMENT 05-06
CR2E081 (12/05)

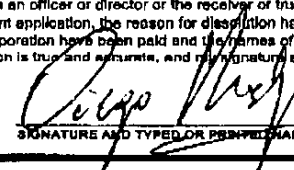
4. Date Incorporated or Qualified To Do Business in Florida		☐ Applied For ☐ Not Applicable	
5. FEI Number 20-1732409			
6. CERTIFICATE OF STATUS DESIRED ☐		\$8.75 Additional Fee, required for Certificate of Status	

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 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 	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)			
Title	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: 	Date 10-06-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone # (305) 447-9430

FROM : DIEGO L. RESTREPO, P.A.
Division of Corporations

FAX NO. : 3054485541

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Florida Department of State
Division of Corporations
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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

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