

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

08 JAN 23 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LY
1-28-08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000006393

1. Corporation Name

YOYI SERVICES, CORP.

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

5372 W. 23 CT

Suite, Apt. #, etc.

17-8

City & State

HIALEAH FLORIDA

Zip

33016

Country

MIAMI-DADE

3. Mailing Office Address

7770 SW 104 ST

Suite, Apt. #, etc.

209

City & State

PINECREST FLORIDA

Zip

33156

Country

MIAMI-DADE

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/2005

5. FEI Number
20-2167614

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

ABEL VICTORES

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

7770 SW 104 ST

Suite, Apt. #, Etc.

209

City

PINECREST FLORIDA

State

FL

Zip Code

33156

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date 01/11/2008

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
P	JORGE A. CASTILLO	5372 W. 23 CT	HIALEAH FLORIDA 33176
			700115896977 01/23/08--01033--005 **450.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE A. CASTILLO

01/11/2008

Date

305-667-4790 X305

Daytime Phone #