

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000031280

1. Entity Name
YAYABO ENTERPRISES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG -2 PM 1:37

Principal Place of Business
10911 WEST OKEECHOBEE ROAD #101
HIALEAH GARDENS, FL 33014-8810

Mailing Address
10911 WEST OKEECHOBEE ROAD #101
HIALEAH GARDENS, FL 33014-8810

REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07312007 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name YAMILE CABRERA

Street Address (P.O. Box Number is Not Acceptable)
772 E 22 ST

City HIALEAH

FL

Zip Code 33013

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME PRIETO, ROBERTO A
STREET ADDRESS 10911 WEST OKEECHOBEE ROAD #101
CITY-ST-ZIP HIALEAH GARDENS, FL 330148810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME YAMILE CABRERA
STREET ADDRESS 772 E 22 ST
CITY-ST-ZIP HIALEAH, FL 33013

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100107551541
CITY-ST-ZIP 08/08/07--01047--015 **\$300.30

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #