

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 DEC 24 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000032772

1. Corporation Name

YN HOMES, INC

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

1985 MUSTANG CT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ST CLOUD FL

Zip

34771

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 03/03/2005

5. FEI Number

202451644

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

CARMEN Y NAZARIO

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

1985 MUSTANG CT

Suite, Apt. #, Etc.

City

SAINT CLOUD

State

FL

Zip Code

34771

☒ 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

*Carmen Y Nazario*

REGISTERED AGENT MUST SIGN

Date 12/21/2009

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	CARMEN Y NAZARIO	1985 MUSTANG CT	SAINT CLOUD, FL 34771

10. E-mail Address:

(To be used for future annual report notification)

11. 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, I further certify, 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

*Carmen Y Nazario*

PRESIDENT

12/21/2009 321-377-0573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #