


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

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**DOCUMENT # P05000073584**

1. Entity Name  
ISIDRA VILLAGOMEZ YOKOSE, P.A.



**FILED**

06 DEC 28 PM 12: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT 06**

Principal Place of Business  
3824 SW 166TH AVENUE  
MIRAMAR, FL 33027

Mailing Address  
3824 SW 166TH AVENUE  
MIRAMAR, FL 33027



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
20-2874065

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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: Elena Divila DATE: Dec. 27, 2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOKOSE, ISIDRA V 3824 SW 166TH AVENUE MIRAMAR, FL 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE: Dec. 27, 2006 DAYTIME PHONE #: 954-261-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Isidra Villagomez Yokose, P.A.  
3824 SW 166<sup>th</sup> Avenue,  
Miramar, Florida, 33027

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

December 27, 2006

Dear Sir/Madam:

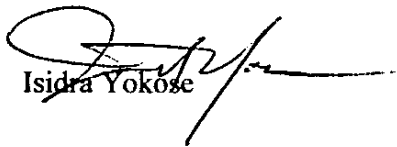
Enclosed please find a reinstatement form and a copy of a check that I sent to your office.

I am sincerely requesting for the penalty fee for dissolution to please be waived since I have sent my payment for the renewal fee prior to the dissolution. The check that I have sent was obviously been lost in the mail because when I checked with my bank and records I found out that the check was not cashed and was never returned back to me.

I am hoping for your kind consideration on this matter and I am sorry for any inconvenience that may have caused by this.

Thank you very much.

Sincerely yours,

  
Isidra Yokose

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ISIDRA VILLAGOMEZ YOKOSE PA  
3824 S.W. 168TH AVE.  
MIRAMAR, FL 33027-4617

06-05

CHECK HERE IF TAX DEDUCTIBLE ITEM   
\$ 1084

*Alexander Rojas of State  
Bar Humboldt #100 from 10/1*

Bank of America



ACH N/T 063100277

For added security, the  
account number no longer  
appears on this copy.

BAL. FOR D.	
THIS PAYMENT	1084.00
BALANCE	
OTHER	
BAL. FOR D	



1084 NOT NEGOTIABLE