

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 25 PM 4:01

REINSTATEMENT

07-08

CR2E081 (12/08)

DOCUMENT # P05000087464

1. Corporation Name

YORKVILLE FINANCE CORPORATION

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

505 Park Avenue

3. Mailing Office Address

505 Park Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New York, New York

City & State

New York, New York

Zip

10022

Country

U.S.A.

Zip

10022

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida 6/17/2005

5. FEI Number
061750760

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

☐ 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

Judith Reyes

Asst. Secretary

Date: 1/30/09

REGISTERED AGENT MUST SIGN

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
D, P, S	Saverio C. Leggio	505 Park Avenue, 9th Floor	New York, New York 10022

800143500548
02/12/09--01032--020 **1050.00

10. I certify that I am an officer or director of 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

Date

Daytime Phone #

+58.412.3114141
x Feb 6/2009 x

M. Reyes
2/25/09



Denver
Fort Lauderdale
Jacksonville
Los Angeles
Madison
Miami
New York
Orlando
Tallahassee
Tampa
Tysons Corner
Washington, DC
West Palm Beach

One Southeast Third Avenue
25th Floor
Miami, Florida 33131-1714

www.akerman.com

305 374 5600 *tel* 305 374 5095 *fax*

February 10, 2009

VIA FEDERAL EXPRESS

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Yorkville Finance Corporation / Document No. P0500087464
Request for Reinstatement

Dear Sir/Madam,

Attached please find the original completed Corporation Reinstatement form, together with a Check No. 155 for \$1,050.00, representing the corresponding reinstatement fee, for the reinstatement of the above referenced corporation.

Should you have any questions, please feel free to contact us at the number above.

Very truly yours,

Melissa Tukh
Legal Assistant

Enclosures