

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000154942

1. Corporation Name

YJK ENTERPRISES, INC.

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

1521 SW 37 WAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

Zip
33312

7. Name and Address of Current Registered Agent

Name

YAYSE RUBIO ESPINOSA

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

1521 SW 37 WAY

Suite, Apt. #, Etc.

City
FT. LAUDERDALE

State
FL

Zip Code
33312

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

Date _____

REGISTERED AGENT MUST SIGN

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.

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/D	YAYSE RUBIO ESPINOSA	1521 SW 37 WAY	FT. LAUDERDALE, FL 33312
			<i>B 9/11/08</i>
	REINSTATEMENT	<i>06-08</i>	

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

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 11 AM 10:48

300135964393
09/16/08-01016--023 **450.00
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 11-23-2005

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status