

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000752629

1. Entity Name  
YUM'S INC.



Principal Place of Business  
18731 THREE OAKS PARKWAY  
SUITE 6  
FT MYERS, FL 33912

Mailing Address  
7 CHATHAM SW.  
SUITE 802  
NEW YORK, NY 10038

FILED

09 JUN 17 AM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 18731 THREE OAKS PARKWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 6	
City & State		City & State FORT MYERS, FL	
Zip	Country	Zip	Country
33912			

05182009 REIN-P CR2E098 (1/07)

4. FEI Number  
20-4722478

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent TANG, XUE RUI 18731 THREE OAKS PARKWAY SUITE 4 FT MYERS, FL 33912		7. Name and Address of New Registered Agent Name TANG, XUE RUI Street Address (P.O. Box Number is Not Acceptable) 18731 THREE OAKS PARKWAY SUITE 6 City FT MYERS FL Zip Code 33912	
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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: *Xue Rui Tang* (PRESIDENT) XUE RUI TANG *1 x 5/24/09*  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TANG, XUE RUI 18731 THREE OAKS PKWY SUITE 6 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

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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: *Xue Rui Tang* (PRESIDENT) XUE RUI TANG *6/15/09* 239-437-2666  
Signature typed or printed name of signing officer or director Date Daytime Phone #