

PLEASE READ ALL INSTRUCTIONS BEFORE C

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 23 AM 10:30

DOCUMENT # **PO7000012829**

1. Corporation Name

Y&C ENTERTAINMENT, INC

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

1040 Biscayne blvd

3. Mailing Office Address

1040 Biscayne blvd

Suite, Apt. #, etc.

Apt # 1807

Suite, Apt. #, etc.

Apt # 1807

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33132

Country

USA

Zip

33132

Country

USA

400172905334
03/23/10--01022--003 **458.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2007

5. FEI Number

20-8393545

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

Cedric ADEGNIKA

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

1040 Biscayne boulevard

Suite, Apt. #, Etc.

Apt # 1807

City

MIAMI

State

FL

Zip Code

33132

☒ 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

REGISTERED AGENT MUST SIGN

Date **03/22/2010**

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
DP	Cedric ADEGNIKA	1040 Biscayne blvd #1807	MIAMI, FL 33132

REINSTATEMENT 08-10
TS 3/24/10

10. E-mail Address: **CedricNewYork@yahoo.com**

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/2010
Date

+1(305)7662002
Daytime Phone #