

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000042190

1. Corporation Name

YH Enterprises, Inc.

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

242 Southwest 77th Court

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33144

Country

USA

3. Mailing Office Address

242 Southwest 77th Court

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33144

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Yamyra Hernandez

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

242 Southwest 77th Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

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 10/06/2009

**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	Yamyra Hernandez	242 Southwest 77th Court	Miami, Florida 33144
VP	Yoel Hernandez	242 Southwest 77th Court	Miami, Florida 33144

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:

Yamyra Hernandez

10/06/2009

7862554883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 OCT 22 PM 4:35

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

700161499767

10/08/09--01029--015 \*\*750.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified  
To Do Business In Florida 04/04/2007

5. FEI Number  
20-8820327

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee Required  
for a Certificate of Status

☐ 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.

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10/28/09--01013--011 \*\*167.50