PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	
DOCUMENT # PIGOOOO46038		2020 / 2016 PH 12: 59
YMC Consulting Inc.		
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	TCC343034567 04/05/2001030028 ++1235.00
8911 Sondy Plains Dot Suite, Apt. #, etc.	Suite, Apt. #, etc.	CR2E081 (11/10)
		4. Date Incorporated or Qualified To Do Business in Florida 5/24//6
city & state RiverutewFL	city & state Riverview FL	5. FEI Number $\Re_{1-3}75\%344$ Applied For Not Applicable
Zip Country 33578 USA.	Zip Country 33578 USP	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name <u>Michael</u> <u>Cummings</u> Street Address (P.O. Box Number is Not Acceptable)		
Sall Sondy Plains Pr		
City Riverview	StateZip CodeFL33575	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obl		
Registered Agent REDISTERED AGENT MUST SIGN		Date <u>4/3/20</u>
9. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corporations must list at le Street Address of Each	
Titles Officers and/or Directors	Officer and/or Director	
Prestat Michael Cummi	MAS RUDVIEW FL	33578 Riverview/FL/33578
DTINICTATT		
REINSTATE		C. GOLDEN APR 2.2 2020
2017-202	Oceanity and a set	
10. E-mail Address: Michael Ummings & Q Smail. 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
SIGNATURE: 4/3/20 913-789-2880 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		