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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THESE SPACES

FILED

97 MAY 19 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P93000080423**

Yuquiyu Corporation
7270 N.W. 12th St., Suite 340
Miami, FL 33126-1928

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

REINSTATEMENT 96-97

4. Date incorporated or Qualified To Do Business in Florida

11/15/93

5. FEI Number

65-0469094

FEI Number Applied For

FEI Number Not Applicable

6.

\$8.75

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Laureano-Palacio, Betty	3796 S.W. 148th Ct.	Miami, FL 33185
D/S	Rodriguez-Camacho, Roberto	9550 S.W. 7th St.	Pembroke Pines, FL 33025
D/T	Medina, Jose A.	Apt. 612 9591 Fontainebleau Blvd.	Miami, FL 33172
D/VP	Yrizarry, Jose M.	9061 S.W. 92nd Ct.	Miami, FL 33176
D	Fullana, Francisco	9298 S.W. 166th St.	Miami, FL 33157
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REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

del Valle, Manuel R.
7270 N.W. 12th St., Suite 340
Miami, FL 33126-1928

9.

If changed, new registered agent's office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0608, F.S.

Signature of
Registered Agent

Manuel R. del Valle

REGISTERED AGENT MUST SIGN

Date

4/30/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐ No ☒

(See other side for information on intangible tax.)

13. 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. 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 of
Officer or Director

Betty Laureano-Palacio

Date 5-1-97

Daytime Phone #

(305) 477-2234

Typed or printed name of signing officer or director

Betty Laureano-Palacio

CR-2340 (8-92)