

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 NOV -4 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087399(0)

1. Corporation Name
YOLANZILAT, INC.

Mailing Address Principal Place of Business
5800 WEST 12 AVENUE 1150 PALM AVENUE
HTALEAH, FL. 33012 HTALEAH, FL 33010

000002001070--8
-11/08/96--01111--025
***375.00 ***375.00

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, if Applicable		3. New Principal Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/22/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0455304	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	8. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
PSD	GOMEZ, ALDO SANTIAGO	5800 WEST 12 AVENUE	HTALEAH, FL. 33012
VID	ALVARFEZ, RAMON JESUS A	5800 WEST 12 AVENUE	HTALEAH, FL. 33010

REINSTATEMENT

8. Name and Address of Current Registered Agent GOMEZ, ALDO SANTIAGO 5800 WEST 12 AVENUE HTALEAH, FL 33012		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0508, F.S.
Signature of Registered Agent: *[Signature]* Date: 10/30/96
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. 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: *[Signature]* 10/30/96 (305)823-1923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #