

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR -4 AM 10:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000004181

1. Corporation Name

YATUL INTERNATIONAL, INC.

2. Principal Office Address

100 East 9 street

Suite, Apt. #, etc.

City & State

HIALEAH , FLORIDA

Zip

33010

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

JANUARY 19, 1994

5. FEI Number

☒ Applied For **SP**
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 95-01

7. Name and Address of Current Registered Agent

Name

RAMON ISMAIL

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

18775 NW 79 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

600004034886-8

-04720701-01010-009

*****1658.95 ***1658.95**

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 **3/28/01**

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
DPS	RAMON ISMAIL	18775 NW 79 COURT	MIAMI, FL 33015

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 under section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON ISMAIL, DPS

Date

3/28/01 305-884-5000

Daytime Phone #

CR2E081 (9/99)