

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000036166**

1. Corporation Name

YPHC, INCORPORATED

Principal Place of Business

2455 EAST SUNRISE BLVD.
PENTHOUSE E
FORT LAUDERDALE FL 33304

Mailing Address

2455 EAST SUNRISE BLVD.
PENTHOUSE E
FORT LAUDERDALE FL 33304

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1994

SP

5. FEI Number

65-0489410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4. City / State / Zip
DPT	HENIEN, YOUSRY H	2455 E. SUNRISE BLVD., PENTHOUSE	FORT LAUDERDALE FL 33304
DS	HENIEN, PERLANTI	2455 E. SUNRISE BLVD., PENTHOUSE	FORT LAUDERDALE FL 33304

300003033363--4
-11/03/99--01002--025
****750.00 ****750.00

8. Name and Address of Current Registered Agent

HENIEN, YOUSRY H.
2455 E. SUNRISE BLVD., PH-E
FT. LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 10/22/99

REGISTERED AGENT MUST SIGN

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., 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)(i), 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

10/22/99

Date

Daytime Phone #

(954) 6094534

CR22040 (8/99)