

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 15 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 950000022200
1. Corporation Name THE YARD MASTERS INC.

2. Principal Office Address - No P.O. Box #
14364 S.W 113 TERR.
Suite, Apt. #, etc. N/A
City & State MIAMI, FLORIDA
Zip 33186 Country US

3. Mailing Office Address
14364 S.W 113 TERR
Suite, Apt. #, etc. N/A
City & State MIAMI, FL
Zip 33186 Country US

REINSTATEMENT 07-08
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 03-20-1995

5. FEI Number 650567033
Applied For ☐
Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name MATTHEW J. LEWIS
Street Address (P.O. Box Number is Not Acceptable)
14364 S.W 113 TERRACE
Suite, Apt. #, Etc. N/A
City MIAMI, FL State FL Zip Code 33186

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Matthew J. Lewis Date 12-11-2008
REGISTERED AGENT MUST SIGN

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
P	MATTHEW J. LEWIS	14364 S.W 113 TERR	MIAMI, FL 33186

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 contained in Chapter 119, 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: Matthew J. Lewis Date 12-11-2008 Daytime Phone # 305-283-9489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR