

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

**APPLICATION FOR REINSTATEMENT**  
 FLORIDA DEPARTMENT OF STATE  
 Division of Corporations  
 Secretary of State



DOCUMENT # **P95000062185**  
 1. Corporation Name  
**YADEL HOLDING COMPANY, INC.**

**FILED**  
 99 NOV 15 PM 1:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 5151 SW 61ST AVE ONE E BROWARD BLVD  
 DAVIE FL 33314 SUITE 1705  
 US FT LAUDERDALE FL 33301  
 US



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  
**08/11/1995**

5. FEI Number  
**65-0628900**

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
VPD	EICHLER, SUSAN	5151 SW 61ST AVE	DAVIE FL 33314
PT	EICHLER, LUCY	5151 SW 61ST AVE	DAVIE FL 33314

8. Name and Address of Current Registered Agent  
**GRUMER, KEITH T ESQ**  
**ONE E BROWARD BLVD**  
**SUITE 1705**  
**FT LAUDERDALE FL 33301**

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  
**FL**

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 *[Signature]* Date **10/15/99**  
 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]* **ACQUIRED** Date **10/20/99** Daytime Phone # **954 791-8881**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR23240 (8/99)

2

GRUMER & LEVIN, P.A.  
ATTORNEYS AT LAW  
ONE EAST BROWARD BOULEVARD  
SUITE 1705  
FORT LAUDERDALE, FLORIDA 33301

KEITH T. GRUMER  
MICHAEL D. LEVIN  
MAIDENLY SOTUYO-MACALUSO  
SANDRA BONFIGLIO  
OF COUNSEL  
LOUIS DAVID HUSS, P.A.

BROWARD (954) 713-2700  
DADE (305) 682-8225  
TELEFAX (954) 713-2713  
GRUMLEVLA@AOL.COM

November 8, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Yadel Holding Company, Inc., Document No. P95000062185**

Dear Sir or Madam:

Enclosed please find my firm check in the amount of \$150 in payment of the Annual Report fee for the above corporation. Please be advised that they never received any notification for the Annual Reports. We are also enclosing their completed application for reinstatement.

Thank you for your cooperation in this matter.

Sincerely,



Michael D. Levin

MDL/gm  
Enclosures