PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 AUG -5 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093124

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****450.00 ****450.00

1. Corporation Name
The Yogurt Emporium II Inc

2. Principal Office Address	3. Mailing Office Address
6808 Palmetto circle S.	6808 Palmetto circle South
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. # 102
City & State Boca Raton. FL	City & State Boca Raton. FL
Zip 33433 Country U.S.A	Zip 33433 Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0623334 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Wahid mahmood
Street Address (P.O. Box Number is Not Acceptable): 6808 Palmetto circle South.
Suite, Apt. #, Etc.: # 102
City: Boca Raton. State: FL Zip Code: 33433

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: Wahid Mahmood Date: 7/23/02
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
PRESIDENT	Wahid mahmood	6808 Palmetto circle #102 South	Boca Raton. FL 33433

10. I certify that I am an officer or director of 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: Wahid Mahmood 7/23/02 (561)756-3274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 8/6/02

7/23/02

To Whom it may concern:

Please Reinstate The Yogurt Emporium II Inc corporation as we did not receive any filling forms before. Enclosed please find $450.00 check per our conversation today.

Thank you for your kind consideration.