

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 AM 9:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000036478

1. Corporation Name

YVONNE ROBERTS, INC.

Principal Place of Business

Mailing Address

THE BILTMORE HOTEL
1200 ANASTASIA
CORAL GABLES FL 33143

7810 S.W. 54TH AVE.
MIAMI FL 33143
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/25/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0674764

Applied For

Not Applicable

City & State

City & State

COCONUT GROVE FL

Zip

Country

Zip

Country

33133

USA

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
PST	ROBERTS, YVONNE	7810 S.W. 54TH AVE	CORAL GABLES FL
			200003468542--8 -11/17/00--01044--011 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERTS, YVONNE
7810 S.W. 54TH AVENUE
MIAMI FL 33143

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

SIGNATURE REQUIRED

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2000

Date

205 KE
445.1926

Daytime Phone #

CR20040 (800)

202



OCARIZ, GITLIN
& ZOMERFELD, LLP
CERTIFIED PUBLIC ACCOUNTANTS

October 27, 2000

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

Re: Ivonne Roberts, Inc.
FEI# 65-0674764

Our client above has contacted us regarding the dissolution of their company. The client sent in their 2000 Uniform Business Report on February 16, 2000 with check no. 427. Apparently your department lost both the form and the check. Our client moved and was never notified the non-receipt of the form and payment.

Attached please find a newly reissued check for the \$150.00 filing fee along with an application for reinstatement. Please accept the check enclosed and reinstate the above mentioned client.

If you have any questions please do not hesitate to contact us. Thank you.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP


Mark Gitlin, C.P.A.
For the firm

MG/an

Encl.

Union Planters Bank Building
2151 LeJeune Rd.
Suite 312
Coral Gables, FL 33134
Tel: 305.444.8288
Fax: 305.444.8280
www.ogz-cpa.com

**PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY
RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED
ENVELOPE.**

Members of:

American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants
ACPA International
with Offices Worldwide