

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 21 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000079786**

1. Corporation Name
YIMA, INC.

Principal Place of Business	Mailing Address
10621 N KENDALL DR STE 208 MIAMI FL 33176 US	1061 N KENDALL DR STE 208 MIAMI FL 33176 US

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



2. New Principal Office Address, if Applicable 10621 N. KENDALL DRIVE Suite, Apt. #, etc. SUITE 204 City & State MIAMI, FLORIDA Zip 33176 Country US	3. New Mailing Office Address, if Applicable 10621 N. KENDALL DRIVE Suite, Apt. #, etc. SUITE 204 City & State MIAMI, FL Zip 33176 Country US	4. Date Incorporated or Qualified To Do Business in Florida 09/25/1996
		5. FEI Number 65-0707911 Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DOMINGUEZ, VICENTE G	10621 NO KENDALL DRIVE STE 208	MIAMI FL 33176
REINSTATEMENT 98 12/28/98			
200002725192--3 -12/29/98--01074--001 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CUBAS, ALEXANDER G 10621 NO KENDALL DRIVE STE 208 MIAMI FL 33176	Name CUBAS, ALEXANDER G. Street Address (P.O. Box Number is Not Acceptable) 10621 N. KENDALL DRIVE Suite, Apt. #, Etc. SUITE 204 City MIAMI State FL Zip Code 33176

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 **REINSTATEMENT REQUIRED** Date **12/16/98**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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: **REINSTATEMENT REQUIRED** Date **12/16/98** Daytime Phone # **305-595-6337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (9/98)