

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 29 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **997000015307**

1. Corporation Name

YMI IMAGINATIONS, INC.

2. Principal Office Address
207 NE 1ST AVENUE

3. Mailing Office Address
207 NE 1ST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HALLANDALE BEACH, FLORIDA

City & State
HALLANDALE BEACH, FLORIDA

Zip
33009

Country
BROWARD

Zip
33009

Country
BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/13/1997

5. FEI Number
65-0736735

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
MICHAEL MENDELSON

Street Address (P.O. Box Number is Not Acceptable)
610 NE 12TH AVE APT 206

Suite, Apt. #, Etc.

City
HALLANDALE BEACH,

State **Zip Code**
FL 33009

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**

Date 03/24/2004

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
PRES.	MICHAEL MENDELSON	610 NE 12TH AVE APT 206	HALLANDALE BEACH, FL 33009

800031294518
03/29/04-01006-007 **1050.00

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 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: MICHAEL MENDELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/2003

Date

954-455-0009

Daytime Phone #

CR2E081 (01/04)