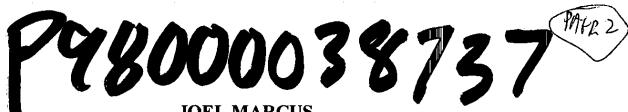
2002 UI	NIFORM BUS	INESS REPO	ORT (UBR)		DIAME
DOCUMENTOUS USR				FILED  03 MAR -7 M O	THE
1. Entity Name  YAARISCO ENTERPRISES, INC.				AM 8	
Principal Place of Pusiness Mailing Address				SECRETARY OF STATE	
233 SOUTH ATLANTIC BOULEVARD				05-13-2002 90123 0 P9800003	
FT. LAUDERDANE, FL 33316					
Principal Place of Business     3. Mailing Address			19800W3K7		.1814
Suite Apt. #, etc. 79800038737		Suite, Apt. #, etc.		DO NOT WRITE IN TH	
City'& Ståte		City & State		4. FEI Number 65-0835034 Applied For Not Applicable	
Zip 6. N	Country ame and Address of Current	Zip Registered Agent.	Country	Certificate of Status Desired      Name and Address of New Register	\$8.75 Additional Fee Required
VAARI	ATTON		Name	(P.O. Box Number is Not Acceptable)	
1233	ALTON S. ATLANTIC	BLVD.	2lieet Address	(r.o. Box Number is Not Acceptable)	
FT. LAUDERDALE, FL 33316			City		FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida.					
SIGNATURE Signature, typed or printed name of registered agent and litle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    Tax filing requirement and elects to do so.   After May 1, 2002 Fee will be \$550.00     Make Check Payable to Department of State					\$5.00 May Be Added to Fees
	OFFICERS AND RI, ATTON S.S. ATLANTIC	□ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	900020940 96/17/0301080026	Change Addition
TITLE NAME	LAUDERDALE,	Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	lin 0	Cy	DDRESS ST-ZIP		
TITLE NAME	ノワハ	Del	TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	2.1	M-	STAT ADDR	113	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
13. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all-other like empowered.					
SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date					



JOEL MARCUS
CERTIFIED PUBLIC ACCOUNTANT
676 WEST PROSPECT ROAD
FT. LAUDERDALE, FL 33309

TEL (954) 566-8513 FAX (954) 561-1577

February 26, 2003

Buck Kohn Division of Corporations
Personal & Confidental
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Kohn,

RE: Yaarisco Enterprises, Inc. EIN # 65-0835034

REINSTATEMENT

Regarding our telephone conversation of yesterdays date in regards to the above named company, please find enclosed the Uniform Business Report that you asked for.

As we discussed the above named company did not receive the original in the mail, but the fee of \$150.00 was paid in a timely manner.

CALVEY

Sincerely,

HAZEL ARE

Encl.

for Joel marcus, CPA