

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000053230

Entity Name: YES LENDING CORPORATION

FILED  
Dec 22, 2009  
Secretary of State

## Current Principal Place of Business:

1581 WEST 49 STREET  
327  
HIALEAH, FL 33012 US

## New Principal Place of Business:

## Current Mailing Address:

1581 WEST 49 STREET  
327  
HIALEAH, FL 33012 US

## New Mailing Address:

FEI Number: 65-0842591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROJAS, BARBARA  
7125 NW 186 STREET  
B203  
MIAMI, FL 33015 US

## Name and Address of New Registered Agent:

ROJAS, BARBARA  
1581 WEST 49 ST  
327  
HIALEAH, FL 33012 US

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: BARBARA ROJAS

12/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROJAS, BARBARA  
Address: 7125 NW 186 STREET #B203  
City-St-Zip: MIAMI, FL 33015 US

Title: VP ( ) Delete  
Name: REINOLD, CABRERAS  
Address: 700 TAMiami BLVD  
City-St-Zip: MIAMI, FL 33144 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROJAS, BARBARA  
Address: 1581 WEST 49 ST #327  
City-St-Zip: HIALEAH, FL 33012 US

Title: VP (X) Change ( ) Addition  
Name: REINOLD, CABRERAS  
Address: 3682 WEST 12 AVE  
City-St-Zip: HIALEAH, FL 33012 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA ROJAS

PD

12/22/2009

Electronic Signature of Signing Officer or Director

Date