


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State
DIVISION OF CORPORATIONS W06000044242		

FILED

06 NOV -2 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000056006

1. Corporation Name

YEDMV CORP

REINSTATEMENT 05-06

2. Principal Office Address
6750 W. Flagler ST

3. Mailing Office Address
6750 Flagler ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL 33144

City & State
MIAMI-FL 33144

Zip
33144

Country
MIAMI DADE

Zip
33144

Country
MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0846716

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

10-06-06 01047 016 \$300.00
CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name
BENITO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
6750 W Flagler ST

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33144

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 10/18/06

REGISTERED AGENT MUST SIGN

9. Name 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
PT-3	Benito Rodriguez	6750 W Flagler ST	MIAMI FL 33144

700081614847
11/08/06--01009--002 **\$800.00

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/06

Date

Daytime Phone #

2/11/03