

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000063616**

1. Corporation Name  
**Y-BEND, INC.**

**FILED**

99 NOV -4 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
~~C/O JAMES J. COHN 940 ESCOBAR AVE~~ ~~C/O JAMES J. COHN~~  
~~572A MONTEGO BAY BLVD CORAL GABLES, FL.~~ ~~572A MONTEGO BAY BLVD~~  
~~800A RATON FL 33133~~ ~~800A RATON FL 33133~~  
**33134**



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

2. New Principal Office Address, If Applicable <b>940 ESCOBAR AVENUE</b> Suite, Apt. #, etc. <b>CORAL GABLES</b> City & State <b>FLORIDA</b> Zip <b>33134</b> Country <b>USA</b>		3. New Mailing Office Address, If Applicable <b>940 ESCOBAR AVENUE</b> Suite, Apt. #, etc. <b>CORAL GABLES, FLA</b> City & State <b>33134</b> Country <b>USA</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>07/20/1998</b>	
		5. FEI Number <b>52-2112086</b>		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$6.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GELLMAN, ARNOLD	<del>PO BOX 811808 WIA</del> <b>7801 SCHOOLHOUSE ROAD, MIAMI, FL.</b>	<del>800A RATON FL 33133</del> <b>MIAMI, FL. 33143</b>
D	<del>BAND, ROBERT</del> <b>BAND, ROBERT</b>	<del>PO BOX 811808 WIA</del> <b>940 ESCOBAR AVE</b>	<del>800A RATON FL 33133</del> <b>CORAL GABLES, FL. 33134</b>

600003046246--3  
-11/16/99--01090--012  
\*\*\*\*150.00 \*\*\*\*150.00

**T8**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOUTH FLORIDA REGISTERED AGENTS, INC.  
C/O ATLAS PEARLMAN TROP & BORKSON PA  
200 E LAS OLAS BLVD SUITE 1900  
FT LAUDERDALE FL 33301

Name  
**ROBERT BAND**  
Street Address (P.O. Box Number is Not Acceptable)  
**940 ESCOBAR AVENUE**  
Suite, Apt. #, Etc.

City  
**CORAL GABLES** State  
**FL** Zip Code  
**33134**

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 **ROBERT BAND**  
REGISTERED AGENT MUST SIGN

Date **11/1/99**

11. 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

**11/1/99** (305) 443-4646  
Date Daytime Phone #

CR20040 (8/99)

Y-Bend, Inc.  
940 Escobar Avenue  
Coral Gables, FL 33134

November 1, 1999

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Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

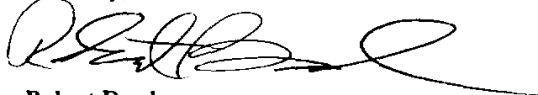
Re: Y-Bend, Inc. Application For Reinstatement

To Whom It May Concern:

We are in receipt of the Application For Reinstatement. We apologize that we did not receive the 1999 annual report and have made sure you have our correct contact names and addresses to avoid this in the future. We respectfully request that the late fee be waived. In hopes that you will extend us this courtesy, we have enclosed the renewal application and a check for \$150.

Thank you for your understanding.

Sincerely,



Robert Band  
Director