

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 13 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000072528**

1. Corporation Name

Yomo Marketing International, Inc

2. Principal Office Address

2001 NW 34th Street

Suite, Apt. #, etc.

3. Mailing Office Address

2001 NW 34th Street

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33142

Country

Zip

33142

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

8/17/98

5. FEI Number

65-0893905

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

Harry F. Youdell

Street Address (P.O. Box Number is Not Acceptable)

2001 NW 34th Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33142

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

[Signature of Harry F. Youdell]

REGISTERED AGENT MUST SIGN

Date

5/8/02

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
Sec	Deborah Nagy	1401 Montreal Rd Suite 130	Tucker, GA 30084
CEO	Harry F Youdell	2001 NW 34th Street	Miami, Florida 33142

REINSTATEMENT

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 of Deborah Nagy]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/02 770-4920501

Date

Daytime Phone #

Deborah Nagy - Secretary

CR2E081 (9/01)