

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

CORPORATION REINSTATEMENT



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000081262

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1. Corporation Name

Yuffie II, Inc.

2. Principal Office Address

4408 PARK LAKE
Terrace South

3. Mailing Office Address

4408 PARK LAKE
Terrace South

4. Date Incorporated or Qualified To Do Business in Florida

9/19/98

5. FEI Number

59-353-6609

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34209

Country

Zip

34209

Country

7. Name and Address of Current Registered Agent

Name

David Finkelstein

FINKELSTEIN & ASSOCIATES

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

ATTORNEYS AND CPAS

Suite, Apt. #, Etc.

27 FTA

27 FLETCHER AVENUE

SARASOTA, FLORIDA 34237

City

State
FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date

3/22/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Index	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	Walter C. Stack	4183 Center Point Circle Sarasota, FL 34233	
			99-00 TS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #