

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED Feb 10, 2003 8:00 A.M. Secretary of State

DOCUMENT # P98000081262

1. Corporation Name

YUFFIE II, INC.

Principal Place of Business Mailing Address 4408 PARK LAKE TERRACE SOUTH BRADENTON FL 34209



REINSTATEMENT 01-03

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 09/18/1998 5. FEI Number 59-3536609 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry: D/P STAACK, WALTER C 4408 Park Lake Ter. S. Bradenton, FL 34209

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINKELSTEIN, DAVID FINKELSTEIN & ASSOCIATES, ATTORNEYS & CPAS 27 FLETCHER AVENUE SARASOTA FL 34237

Name: Walter C. Staack Street Address: 4408 Park Lake Terrace South City: Bradenton, State: FL Zip Code: 34209

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

Handwritten signature of Walter C. Staack and 'SIGNATURE REQUIRED' stamp

Date Feb. 5, 2003

REGISTERED AGENT MUST SIGN

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:

Handwritten signature of Walter C. Staack and 'SIGNATURE REQUIRED' stamp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Walter C. Staack President

Date 2/5/03 Daytime Phone # 941-755-3336

CR2E040 (8/01)