

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104258

1. Corporation Name

YOUR VOICE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

9230 SW 104 STREET
MIAMI FL 33176

9230 SW 104 STREET
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable

14219 S.W. 117th Terr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

14219 S.W. 117th Terr.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1998

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

USA

Zip

33186

Country

USA

CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GARCES, GLORIA	9230 SW 104 STREET	MIAMI FL 33176
VD	GARCES, JOSE L	9230 SW 104 STREET	MIAMI FL 33176
STD	GARCES, MAYDA	9230 SW 104 STREET	MIAMI FL 33176
VD	Alvarado, David	14219 S.W. 117th Terr.	Miami, Fl. 33186
			500003095455--1 -01/12/00--01012--005 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

GARCES, MAYDA
9230 SW 104 STREET
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

David E. Alvarado

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

14219 S.W. 117th Terr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/29/99

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA GARCES, President

Date

12/29/99

Daytime Phone #

305234-3530

KE