

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 MAR 26 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028774

**1. Corporation Name**

Yuri Home Improvement, Inc.

**2. Principal Office Address**

11810 NE 19th Drive

Suite, Apt. #, etc.

Apt #4

City & State

North Miami, FL

Zip

33154

Country

USA

**3. Mailing Office Address**

11810 NE 19th Drive

Suite, Apt. #, etc.

Apt #4

City & State

North Miami, FL

Zip

33154

Country

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1-31-00

**5. FEI Number**

65-0975541

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

Kenneth Demsey

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

537 Lakeview Drive

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

**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

*Kenneth Demsey*

REGISTERED AGENT MUST SIGN

Date

2-23-01

**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
Pres.	Yuri Matos	11810 NE 19th Drive	Miami, FL 33154
			100003932041--0 -03/30/01--01088--030 ****158.75 ****158.75

**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, 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 119.03(3)(b), 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:

*Yuri Matos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-01

Date

(305) 389-9436

Daytime Phone #

CR2E081 (9/99)