

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR 23 AM 9:08

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028774

1. Corporation Name

YURI HOME IMPROVEMENT & INTERIOR DESIGNER, INC.

2. Principal Office Address - No P.O. Box #

16300 NE 19TH AVE

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

SUITE 235

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH

City & State

Zip  
33162

Country  
U.S.A

Zip

Country

800101397258

05/03/07--01029--028 \*\*150.00

**REINSTATEMENT** 06-07

4. Date Incorporated or Qualified  
To Do Business in Florida

03/24/1999

5. FEI Number

74-3149906

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

MARK ROMERO

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

16300 NE 19TH AVE

Suite, Apt. #, Etc.

235

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]*

REGISTERED AGENT MUST SIGN

Date 4-23, 2007

**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
PDVST	EDUARDO E. RIOS	16300 NE 19TH AVE	NORTH MIAMI BEACH 33162
		<i>[Signature]</i>	

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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 contained in Chapter 119, 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

EDUARDO E. RIOS

Date

4-23-07

Daytime Phone #

561-248-4874