

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 26 AM 10:44

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # *P99000037392*

1. Corporation Name

YONOR SERVICES INC

2. Principal Office Address

17301 SW, 296 ST

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33030

Country

U.S.A.

3. Mailing Office Address

17301 SW, 296 ST

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33030

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1999

5. FEI Number

650869214

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

YOLANDE BIBBY

700004721507-7

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

17301 SW 296 ST

-12/13/01-01006-021
****700.00 ***700.00*

Suite, Apt. #, Etc.

700004721507-7

-12/13/01-01006-022
****50.00 ***50.00*

City

HOMESTEAD

State

FL

Zip Code

33030

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

Yolande Bibby

REGISTERED AGENT MUST SIGN

Date

20.11.01

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 |
|----------|-----------------------------------|--|----------------------------|
| <i>P</i> | <i>YOLANDE BIBBY</i> | <i>17301 SW, 296 ST.</i> | <i>HOMESTEAD, FL 33030</i> |
| <i>V</i> | <i>NORBERTO FERNANDEZ</i> | <i>17301 SW, 296 ST.</i> | <i>HOMESTEAD, FL 33030</i> |
| | | | |
| | | | |

10. I certify that I am an officer or director of 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)(f), 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:

Yolande Bibby *YOLANDE BIBBY*

Date

20.11.01

Daytime Phone #

305-282-4449

CR20E081 (9/00)