

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -7 PM 4:33

DOCUMENT # P99000048920

1. Corporation Name

Y H M Inc

2. Principal Office Address

#1 Hogtown Bayou Ln

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

3. Mailing Office Address

#1 Hogtown Bayou Ln

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

Zip

32459

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

May 25, 1999

5. FEI Number

59-3593083

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

Audrey Farrish

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

804 Churchill Bayou Rd

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

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***900.00 *** 300.00

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

Audrey Farrish

REGISTERED AGENT MUST SIGN

Date 10-31-01

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	Yvonne H. Morrell	#1 Hogtown Bayou Ln	Santa Rosa Beach FL 32459

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 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:

Yvonne H. Morrell
Yvonne morrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-01 858-267-1198

Date

Daytime Phone #

CP20001 (8/00)