

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000053492

1. Corporation Name

Y.B.S., INC.

2. Principal Office Address

2000 ISLAND BLVD.

Suite, Apt. #, etc.

1908

City & State

AVENTURA, FL

Zip

33160

Country

3. Mailing Office Address

2000 ISLAND BLVD.

Suite, Apt. #, etc.

1908

City & State

AVENTURA, FL

Zip

33160

Country

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

06/14/1999

5. FEI Number

65-0927835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

GURT COLETTE

500024185025

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

2000 ISLAND BLVD.

10/28/03--01006--022 **300 00

Suite, Apt. #, Etc.

1908

City

AVENTURA

State

FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date 10/22/03

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
PD	GURT, COLETTE	2000 ISLAND BLVD. # 1908	AVENTURA, FL 33160
VPD	GURT, BENJAMIN	2000 ISLAND BLVD. # 1908	AVENTURA, FL 33160
SD	GURT, MAURICE	2000 ISLAND BLVD. # 1908	AVENTURA, FL 33160

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)(l), 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:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/03

(305) 466-0507

CR2E081 (10/02)