

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 20 AM 11:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000083849

1. Corporation Name
 YOEI'S HEALTH CARE CORPORATION

Principal Place of Business Mailing Address
 4493 SW 75 AVENUE 4493 SW 75 AVENUE
 MIAMI FL 33155 MIAMI FL 33155



REINSTATEMENT 2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 4711 NW 79 Ave		3. New Mailing Office Address, If Applicable 12623 SW 9 terr		4. Date Incorporated or Qualified To Do Business in Florida 09/22/1999	
Suite, Apt. #, etc. Suite # 220		Suite, Apt. #, etc. MIAMI FL		5. FEI Number 65-0949693	
City & State MIAMI		City & State		Applied For Not Applicable	
Zip 33166	Country USA	Zip 33184	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	DOMINGUEZ, RAUL E	4493 SW 75 AVENUE	MIAMI FL 33155
VS	HERNANDEZ, OLGA M	4493 SW 75 AVENUE	MIAMI FL 33155

000003455590--4
 -11/07/00--01093--003
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOMINGUEZ, RAUL E 4493 SW 75 AVENUE MIAMI FL 33155	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Raul Dominguez* REGISTERED AGENT MUST SIGN Date 10-18-00

11. 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: *Raul Dominguez* REGISTERED AGENT MUST SIGN Date 10-18-00 Daytime Phone #

CR2E040 (8/00)