PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # S09750

1. Corporation Name

YMG INVESTMENTS, INC.

Principal Place of Business	Mailing Address
20191 E. Country Club Dr. North Miami Beach, FL 33180	20191 E. Country Club Dr. North Miami Beach, FL 33180

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

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: Suite 1623	Suite, Apt. #, etc.: 1 SE 3rd Avenue, Suite 2130
City & State: Miami Beach, FL	City & State: Miami, FL
Zip: 33140 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/29/90

5. FEI Number: 65-0224940 — ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ XX — $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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	GIL, YOSI	5151 Collins Avenue, Ste. 1623	Miami Beach, FL 33140

SUNTRUST 765--5
-03/09/99--01016--020
****908.75 ****908.75

8. Name and Address of Current Registered Agent

GIL, YOSI
20191 E. Country Club Drive, #5
North Miami Beach, FL 33180

9. Name and Address of New Registered Agent

Name: COPROLITE CORPORATION
Street Address (P.O. Box Number is Not Acceptable): One Southeast Third Avenue
Suite, Apt. #, Etc.: Suite 2130
City: Miami, FL 33131 State: FL Zip Code: 33131

CR2E087 (12/98)

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: [signature] *REGISTERED AGENT MUST SIGN Melvin F. Frankel, President Date: 3/1/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: [signature] 3/1/99 Date 305-692-9500 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR