

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 20 PM 2:24

DOCUMENT # S65413

1. Corporation Name

YERA IMPORT-EXPORT INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

444 BRICKELL AVENUE
SUITE 51-220
MIAMI FL 33131-2492
US

444 BRICKELL AVENUE
SUITE 51-220
MIAMI FL 33131-2492



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/05/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0272766

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTS	YERA, JOHN	444 BRICKELL AVE, #51-220	MIAMI FL
PRES.	HERRERA, ALBERT	444 BRICKELL AVE, STE 51	MIAMI FL 33131
V.P.	NICHOLS, ROBERT	444 BRICKELL AVE, STE 51	MIAMI FL 33131
ASSIST. V.P.	SAMUDIO, ROBERT	444 BRICKELL AVE, STE 51	MIAMI FL 33131
			200003083222-2 -12/29/99-01077-012 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YERA JOHN
444 BRICKELL AVENUE
SUITE 51-220
MIAMI FL 33131-2492

Name ALBERT HERRERA
Street Address (P.O. Box Number is Not Acceptable)
444 BRICKELL AVE.
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33131

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-10-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Albert Herrera

Date

Daytime Phone #

11-10-99 786-236-6117