

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 OCT 21 AM 11:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V 24493 (1)					
1. Corporation Name YORKSHIRE IMPORT AND EXPORT INC. 7575 W. FLAGLER STREET, SUITE 204 MIAMI, FLORIDA 33144					
Principal Place of Business		Mailing Address			
SAME					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/27/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0324721	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				Applied For Not Applicable	
				\$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		
D	ADOLPHO MILMAN	7575 W. FLAGLER ST; 204	MIAMI, FL. 33144		
D	GISELA MILMAN	7575 W. FLAGLER ST; 204	MIAMI, FL. 33144		
D	GILDA MILMAN	7575 W. FLAGLER ST; 204	MIAMI, FL. 33144		
D	LUCILA MILMAN	7575 W. FLAGLER ST; 204	MIAMI, FL. 33144		
			100002279671-7		
			-08/28/97--01059--003		
			*****35.00 *****35.00		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
MARTIN LANDA 7575 W. FLAGLER STREET, STE.204 MIAMI, FL.33144			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City		
			100002279671-7		
			-10/21/97--01040--001		
			***1053.75 ***1053.75		
			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		REGISTERED AGENT MUST SIGN		Date 10/17/97	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Date

Daytime Phone #

Adolph Milman 10/17/97 (305) 242-2223