

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

DOCUMENT # **V24493**

1. Corporation Name

**YORKSHIRE IMPORT AND EXPORT INC.**

Principal Place of Business

7575 W. FLAGLER STREET  
SUITE 204  
MIAMI FL 33144

Mailing Address

7575 W. FLAGLER STREET  
SUITE 204  
MIAMI FL 33144

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



**REINSTATEMENT** 01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/27/1992

5. FEI Number

65-0324721

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MILMAN, ADOLPHO	7575 W. FLAGLER STREET, SUITE 20	MIAMI FL 33144
D	MILMAN, GISELA	7575 W. FLAGLER STREET, SUITE 20	MIAMI FL 33144
D	MILMAN, GILDA	7575 W. FLAGLER STREET, SUITE 20	MIAMI FL 33144
D	MILMAN, LUCILA	7575 W. FLAGLER STREET, SUITE 20	MIAMI FL 33144
			900004785333--6 -01/18/02--01075--017 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LANDA, MARTIN  
7575 W. FLAGLER STREET  
SUITE 204  
MIAMI FL 33144

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

Nov 27/01

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.

**AD**

SIGNATURE:

**SIGNATURE REQUIRED**  
MILMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 27/01

Date

1305-2622023  
Daytime Phone #

CR2E040 (8/01)