


* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 DEC -9 AM 8:00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000103270

1. Corporation Name
Y & Y, Inc.

REINSTATEMENT 03-04
 MRS

2. Principal Office Address
9820 Hwy. A1A ALT.
 Suite, Apt. #, etc.

3. Mailing Office Address
9820 Hwy. A1A ALT.
 Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

Zip Country
33410 USA

Zip Country
33410 USA

4. Date Incorporated or Qualified To Do Business in Florida: Dec. 11, 1988

5. FEI Number
650882560

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
IL YOUNG CHOI

Street Address (P.O. Box Number is Not Acceptable)
1800 N. Federal Hwy.

Suite, Apt. #, Etc.
Suite 207

City
Pompano Beach

State Zip Code
FL 33062

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent IL Young Choi Date 12/02/04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PTD</u>	<u>Yang, Min Sok</u>	<u>43 East 22nd Street</u>	<u>Riviera Beach, FL 33404</u>

000043301480
 12/09/04--01028--016 **300.00

10. 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)(l), 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: Min Sok Yang / President Date 12/02/04 Daytime Phone # (561) 776-9209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)