2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F93000000623

City-St-Zip:

FILED Oct 27, 2008 Secretary of State

Entity Name: JYACC, INC. **Current Principal Place of Business: New Principal Place of Business:** 22 CORTLANDT STREET 18 FLOOR NEW YORK, NY 10007 **New Mailing Address: Current Mailing Address:** 22 CORTLANDT STREET 18 FLOOR NEW YORK, NY 10007 FEI Number: 11-2497724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHADWICK, MICHAEL 20 NORTH ÓRANGE AVE. SUITE 401 ORLANDO, FL 32801 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: MICHAEL CHADWICK Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ISMACH, ROBERT Name: Name: BOLLI, SATYA 22 CORTLANDT STREET 18 FL 22 CORTLANDT STREET 18 FL Address: Address: City-St-Zip: NEW YORK, NY 10007 City-St-Zip: NEW YORK, NY 10007 US () Delete Title: Title: MR. (X) Change () Addition RAJU, PVS Name: VAFIER, FRANK Name: 22 CORTLANDT STREET 18 FL 22 CORTLANDT STREET 18 FL Address: Address: NEW YORK, NY 10007 NEW YORK, NY 10007 US City-St-Zip: City-St-Zip: Title: Title: () Delete MR () Change (X) Addition Name: MITTAL, AJAY Name: 22 CORTLANDT STREET 18 FL Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

NEW YORK, NY 10007 US

SIGNATURE: SATYA BOLLI MR. 10/27/2008