

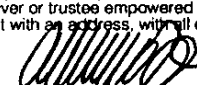


2008 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|--|-----------------------|--|---|--|---|--|
| DOCUMENT # P01000111922 1. Entity Name ABBY YUEN & ASSOCIATES, INC. | | | |  | | FILED 08 DEC -4 PM 2:35 CLARASCEE, FLORIDA | |
| Principal Place of Business 2401 PGA BLVD. #168 PALM BEACH GARDENS, FL 33410 US | | | | Mailing Address 2401 PGA BLVD. #168 PALM BEACH GARDENS, FL 33410 US | | | |
| 2. Principal Place of Business - No P.O. Box # 1200 TOWN CENTER DRIVE Suite, Apt. #, etc. 119 | | | | 3. Mailing Address 118 CORAL CAY DR Suite, Apt. #, etc. | | | |
| City & State JUPITER, FL | | | | City & State Palm Beach Gardens | | | |
| Zip 33458 | | Country USA | | Zip 33418 | | Country USA | |
| 4. FEI Number 65-1156007 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent YUEN, ABBY WAI KWAN 2401 PGA BLVD #168 PALM BEACH GARDENS, FL 33410 | | | | 7. Name and Address of New Registered Agent Name YUEN, ABBY WAI KWAN Street Address (P.O. Box Number is Not Acceptable) 118 CORAL CAY DRIVE City PBG FL Zip Code 33418 | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  ABBY WAI KWAN YUEN / PRES 12/01/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| FILE NOW!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P YUEN, WAI K 118 CORAL CAY DR PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YUEN, WAI K 118 CORAL CAY DR PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500138436075 12/04/08--01016--010 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE:  / PRESIDENT 12/01/08 561-7166057 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | 12/4 | | | |