05-04-2005 90186 031 ***308.75
P02000122206

2005 FOR PROFIT CORPORATION REINSTATEMENT

05 JUN 14 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122206

1. Entity Name
P.Y.C., INC.

Principal Place of Business	Mailing Address
1917 KINGS RD JACKSONVILLE, FL 32209	1917 KINGS RD JACKSONVILLE, FL 32209

REINSTATEMENT 500848420 04-05

03082005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address 4401 Emerson St #8
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Jacksonville FL
Zip / Country	Zip 32207 / Country

4. FEI Number 13-4236123 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAN, YU D CPA 4401 EMERSON STREET SUITE 8 JACKSONVILLE, FL 32207	Name: Sara Han Street Address (P.O. Box Number is Not Acceptable): 4401 Emerson ST. #8 City: Jacksonville FL Zip Code: 32207

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: Sara Han 4-15-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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	DPT Park, Yong C. ☐ Delete	TITLE	DPT ☒ Change ☐ Addition
NAME	~~OHCO~~, PARK Y	NAME	Park, Yong C.
STREET ADDRESS	8231 RINCESS SQ BLVD W 1208	STREET ADDRESS	2200 Gilmore St
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OK RAN, HOURIHAN	NAME	
STREET ADDRESS	357 SAN JUAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Park Chul 4-20-05 904) 346-1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #