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

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.

REINSTATEMENT 500088420 04-05

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

03082005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4401 Emerson St #8 Suite, Apt. #, etc.
City & State	Jacksonville FL City & State
Zip / Country	32207 Zip / 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: [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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT ~~OFFICER~~, PARK Y Park, Yong C. 8231 RINCESS SQ BLVD W 1208 JACKSONVILLE, FL 32256	☐ Delete	DPT Park, Yong C. 2200 Gilmore St Jacksonville, FL 32204	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OK RAN, HOURIHAN 357 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] Park Chul 4-20-05 (904) 346-1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #