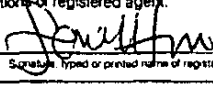


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2005 FOR PROFIT CORPORATION REINSTATEMENT

05 JUN 14 PM 1:58

DOCUMENT # P02000122206				SECRET STATE TALLAHASSEE, FLORIDA	
1. Entity Name P.Y.C., INC.		Principal Place of Business 1917 KINGS RD JACKSONVILLE, FL 32209		Mailing Address 1917 KINGS RD JACKSONVILLE, FL 32209	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 4401 Emerson St #8 Suite, Apt. #, etc. City & State Zip		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 HAN, YU D CPA 4401 EMERSON STREET SUITE 8 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent 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		DATE: 4-15-05	
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 NAME: PARK, YONG C. ☐ Delete STREET ADDRESS: 8231 RINCESS SQ BLVD W 1208 CITY-ST-ZIP: JACKSONVILLE, FL 32258				TITLE: DPT NAME: Park, Yong C. ☒ Change ☐ Addition STREET ADDRESS: 2200 Gilmore St CITY-ST-ZIP: Jacksonville, FL 32204	
TITLE: D NAME: OK RAN, HOURIHAN ☐ Delete STREET ADDRESS: 357 SAN JUAN DRIVE CITY-ST-ZIP: PONTE VEDRA BEACH, FL 32082				TITLE: NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: ☐ Delete STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition				TITLE: NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: ☐ Delete STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition				TITLE: NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: ☐ Delete STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition				TITLE: NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ 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:  Park Chul		Date: 4-20-05		Daytime Phone: (904) 346-1961	