

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAR 17 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000035396 1. Entity Name RIGHT CHOICE DISCOUNT, INC.					
Principal Place of Business 8713 ATLANTIC BLVD. JACKSONVILLE, FL 32211			Mailing Address C/O YU D. HAN, CPA 4401 EMERSON STREET, SUITE 8 JACKSONVILLE, FL 32207		
2. Principal Place of Business		3. Mailing Address 8713 ATLANTIC BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Jacksonville FL		4. FEI Number 84-1620525	
Zip		Zip 32211		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OEUN, THOIM 8713 ATLANTIC BLVD. JACKSONVILLE, FL 32211			7. Name and Address of New Registered Agent Name JASON CHAU Street Address (P.O. Box Number is Not Acceptable) 2450 MISTY WATER DR E City JACKSONVILLE FL Zip Code 32246		
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 <u><i>Jason Chau</i></u> JASON CHAU <u>3.11.05</u> <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 \$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	DPST CHAU, JASON 2450 MISTY WATER DR., EAST JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05	
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	
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 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: <u><i>Jason Chau</i></u> JASON CHAU			<u>3/11/05</u> - 904-721-1881 <small>Date Daytime Phone #</small>		