FILED
06 FEB 20 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000158692

1. Entity Name
YKS ENTERPRISES, INC.

REINSTATEMENT 05-06

Principal Place of Business	Mailing Address
12401 NORMANDY BLVD. JACKSONVILLE, FL 32210	5593 BUFORD HWY, STE 3-C ATLANTA, GA 30340

02162006 REIN-P CR2E096 (11/05)

2. Principal Place of Business		3. Mailing Address	
		12401 NORMANDY BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State JACKSONVILLE, FL	
Zip	Country	Zip 32210	Country US

4. FEI Number 20-1938735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

YOO, YOUNG WON
8050 103RD ST. STE. F16
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 3514 LAUREL LEAF DR

City ORANGE PARK FL Zip Code 32065

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 X [signature] 2-15-06
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	D YOO, YOUNG WON 8050 103RD ST., STE. F16 JACKSONVILLE, FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3514 3514 LAUREL LEAF DR ORANGE PARK FL 32065 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400066257234 02/21/06--01019--003 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X [signature] YOUNG WON YOO 2-15-06 904-781-8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #