


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

|                                  |  |   |
|----------------------------------|--|---|
| <b>DOCUMENT # P06000141106</b>   |  |  |
| 1. Entity Name<br>FYC GROUP INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>4521 DISCOVERY LN<br>4<br>WEST PALM BEACH, FL 33417 US | Mailing Address<br>4521 DISCOVERY LN<br>4<br>WEST PALM BEACH, FL 33417 US |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                         |  |
| YANEZ, LIZARDO P<br>4521 DISCOVERY LN<br>4<br>WEST PALM BEACH, FL 33417 |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| FL   | Zip Code |

|   |   |
|---|---|
| 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: <i>Lizardo Yanez</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   | DATE: 12/07/07<br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

|  |  |  |
|--|--|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2008, Fee will be \$300.00</b> |  | 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                      | P                         | TITLE   |  |
| NAME                       | YANEZ, LIZARDO            | NAME  |  |
| STREET ADDRESS             | 4521 DISCOVERY LN         | STREET ADDRESS  |  |
| CITY-ST-ZIP                | WEST PALM BEACH, FL 33417 | CITY-ST-ZIP   |  |
| TITLE                      | VP                        | TITLE   |  |
| NAME                       | YANEZ, FRANK              | NAME  |  |
| STREET ADDRESS             | 4521 DISCOVERY LN         | STREET ADDRESS  |  |
| CITY-ST-ZIP                | WEST PALM BEACH, FL 33417 | CITY-ST-ZIP   |  |
| TITLE                      |                           | TITLE   |  |
| NAME                       |                           | NAME  |  |
| STREET ADDRESS             |                           | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                           | CITY-ST-ZIP   |  |
| TITLE                      |                           | TITLE   |  |
| NAME                       |                           | NAME  |  |
| STREET ADDRESS             |                           | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                           | CITY-ST-ZIP   |  |
| TITLE                      |                           | TITLE   |  |
| 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 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: <i>Lizardo Yanez</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   | Date: Daytime Phone: # |

FILED

2007 DEC 27 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

|               |            |                |  |
|---------------|------------|----------------|--|
| 4. FEI Number | 20-5847666 | Applied For    |  |
|               |            | Not Applicable |  |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

12/27/07