# F1300000570

| (R                                      | equestor's Name)    |   |  |  |  |  |
|---|---------------------|---|--|--|--|--|
| (A                                      | ddress)             |   |  |  |  |  |
| (A                                      | ddress)             | *************************************** |  |  |  |  |
| (C                                      | ity/State/Zip/Phone | #)                                      |  |  |  |  |
| PICK-UP                                 | MAIT                | MAIL                                    |  |  |  |  |
| (Business Entity Name)                  |                     |   |  |  |  |  |
| (Document Number)                       |                     |   |  |  |  |  |
| Certified Copies                        | Certificates        | of Status                               |  |  |  |  |
| Special Instructions to Filing Officer: |                     |   |  |  |  |  |
|   |                     | '                                       |  |  |  |  |
|   |                     | ,                                       |  |  |  |  |
|   |                     |   |  |  |  |  |

Office Use Only

FEB 15 2018

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02/11/13--01010--010 \*\*140.00



## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. DR.                                   | TO-VI LUONG  | Dentistry Pro   | ofessional corporation  |                        |  |
|--|--|---|---|------------------------|--|
|  | orporation; must incorp," "Inc," "Co," o                     |   | ED," "COMPANY," "CORPORATION,"  | Maria de Maria de papa |  |
|  |  |   |   |                        |  |
| (If name unavails                        | able in Florida, ente  | r alternate corporate nai   | me adopted for the purpose of transacting bu  | usiness in Florida)    |  |
| <sub>2.</sub> ontario, 0                 | Canada   | •   | 3. N/A  |                        |  |
| (State or country                        | under the law of wh  | ich it is incorporated)   | (FEI number, if applicat  | ole)                   |  |
| 1 - 1 -                                  |  |   | <sub>5.</sub> perpetual   |                        | _  |
|  | of incorporation)  |   | (Duration: Year corp. will cease to exi   | ist or "perpetual")    | ·<br>• •   |
| 6. blank                                 |  |   |   |                        | -  |
|  |  |   | ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)  | 3 FE                   | Ť  |
| 7. 10 Victoria                           | a Square C   | olborne Onta  | rio K0K1S0  | HAN I                  | Charles of the last of the las |
|  |  | (Principal office a   | •   | SE                     | PTT.   |
| 10 Victoria                              | a Square Co  | olborne Ontario   |   | mg 3                   | G. C. S.   |
|  |  | (Current mailing a  | address)  | LOR<br>LOR             | -  |
| 8. Dental of                             | fice   |   |   | OM O                   |  |
| (Purpose(s                               | s) of corporation aut  | horized in home state or  | r country to be carried out in state of Florida   | 1)                     | •  |
| 9. Name and stree                        | et address of Flori  | da registered agent: (  | (P.O. Box <u>NOT</u> acceptable)  |                        |  |
| Name:                                    | Jason Hv   | vang  |   |                        |  |
| Office Address:                          | 27 Lakep   | ointe circle  |   |                        |  |
|  | kissimme   | e .   | , Florida 34743   |                        |  |
|  |  | (City)  | (Zip code)  |                        |  |
| designated in this<br>further agree to c | ed as registered a<br>application, I he<br>omply with the pr | igent and to accept so<br>reby accept the appoi<br>povisions of all statute | ervice of process for the above stated co<br>intment as registered agent and agree of<br>es relative to the proper and complete p<br>as of my position as registered agent. | to act in this capa    | icity. I   |
|  | $\bigcirc$   | 1   |   |                        |  |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A DIRECTORS Chairman: Tovi Luong Address: 10 Victoria Square Colborne Ontario K0K1S0 Vice Chairman: Address: Director: \_ B. OFFICERS President: Tovi Luong Address: 10 Victoria Square Colborne Ontario K0K1S0 Vice President: Secretary: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Tovi Luong

Request ID: Category ID:

014956509 Transaction ID: 49714151 (C)CC/E

Province of Ontario

Ministry of Government Services

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Information System.

Director

Ministry of Government Services

Toronto, Ontario

### **CORPORATION PROFILE REPORT**

| Ontario Corp Number                   | Corporation Name   | •                    |                      |                           | Incorporation Date     |
|---------------------------------------|--------------------|----------------------|----------------------|---------------------------|------------------------|
| 1576122                               | DR. TO-VI LUONG D  |                      | OFESSIONAL           |                           | 2003/06/10             |
|                                       |                    |                      |                      |                           | Jurisdiction           |
|                                       | *Ma                |                      |                      |                           | ONTARIO                |
| Corporation Type                      | Corporation Status |                      | ,                    |                           | Former Jurisdiction    |
| ONTARIO BUSINESS CORP.                | ACTIVE             |                      |                      |                           | NOT APPLICABLE         |
| Registered Office Address             | ·                  |                      |                      | Date Amalgamated          | Amaigamation ind.      |
|                                       | ,                  |                      |                      | NOT APPLICABLE            | NOT APPLICABLE         |
| - 10 VICTORIA SQUARE<br>P. O. BOX 685 |                    |                      |                      | New Amal. Number          | Notice Date            |
| 1.0.000                               |                    |                      |                      | New Amai. Number          | MOLICA DATA            |
| COLBORNE                              |                    |                      |                      | NOT APPLICABLE            | NOT APPLICABLE         |
| ONTARIO                               |                    |                      |                      |                           | 1 B                    |
| CANADA KOK 150                        |                    |                      |                      |                           | Letter Date            |
| Mailing Address                       |                    |                      |                      |                           | NOT APPLICABLE         |
|                                       |                    |                      |                      | Revival Date              | Continuation Date      |
| 10 VICTORIA SQUARE                    |                    |                      |                      |                           |                        |
| P O. BOX 685                          |                    |                      |                      | NOT APPLICABLE            | NOT APPLICABLE         |
| COLBORNE<br>ONTARIO                   | •                  |                      |                      | Transferred Out Date      | Cancel/Inactive Date   |
| CANADA KOK 1SO                        |                    |                      |                      | NOT APPLICABLE            | NOT APPLICABLE         |
| ·                                     | •                  |                      |                      | EP Licence Eff.Date       | EP Licence Term.Date   |
|                                       | A. t.<br>e.of      |                      | ,                    | NOT APPLICABLE            | NOT APPLICABLE         |
|                                       |                    | Number of<br>Minimum | Directors<br>Maximum | Date Commenced in Ontario | Date Ceased in Ontarlo |
|                                       |                    | 00001                | 00010                | NOT APPLICABLE            | NOT APPLICABLE         |

**Activity Classification** 

**NOT AVAILABLE** 

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Director Ministry of Government Services

Toronto; Ontario

#### CORPORATION PROFILE REPORT

**Ontario Corp Number** 

Corporation Name

1576122

DR. TO-VI LUONG DENTISTRY PROFESSIONAL CORPORATION

Corporate Name History

**Effective Date** 

DR. TO-VI LUONG DENTISTRY PROFESSIONAL CORPORATION

2003/06/10

Current Business Name(s) Exist:

NO

- Expired Business Name(s) Exist:

NO

Administrator:

Name (Individual / Corporation)

Address

TO-VI

LUONG

10 VICTORIA SQUARE

P.O. BOX 685

COLBORNE ONTARIO CANADA KOK 150

Date Began

**First Director** 

2003/06/10

NOT APPLICABLE

Designation

Officer Type

**Resident Canadian** 

DIRECTOR

Request ID:

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Province of Ontario

Ministry of Government Services

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Director

Ministry of Government Services

Toronto, Ontario

#### **CORPORATION PROFILE REPORT**

Ontario Corp Number

Corporation Name

1576122

DR. TO-VI LUONG DENTISTRY PROFESSIONAL

CORPORATION

Administrator:

Name (Individual / Corporation)

Address

TO-VI

LUONG

10 VICTORIA SQUARE

P.O. BOX 685

COLBORNE **ONTARIO** 

CANADA KOK 1SO

Date Began

First Director

2003/06/10

NOT APPLICABLE

Designation

Officer Type

Resident Canadian

**OFFICER** 

**PRESIDENT** 

Administrator:

Name (Individual / Corporation)

Address

TQ-VI

LUONG

10 VICTORIA SQUARE

P.O. BOX 685

**COLBORNE ONTARIO** 

CANADA KOK 1SO

Date Began

First Director

2003/06/10

NOT APPLICABLE

Designation

Officer Type

Resident Canadian

**OFFICER** 

SECRETARY

Υ

Request ID: 014956509 Transaction ID: 49714151 Category ID: (C)CC/E

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Director

Ministry of Government Services

Toronto, Ontario

#### CORPORATION PROFILE REPORT

**Ontario Corp Number** 

**Corporation Name** 

1576122

DR. TO-VI LUONG DENTISTRY PROFESSIONAL CORPORATION

**Last Document Recorded** 

Act/Code Description

Form

Date

- CIA

**ANNUAL RETURN 2012** 

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2012/12/22 (ELECTRONIC FILING)

THIS REPORT SETS OUT THE MOST RECENT INFORMATION FILED BY THE CORPORATION ON OR AFTER JUNE 27, 1992, AND RECORDED IN THE ONTARIO BUSINESS INFORMATION SYSTEM AS AT THE DATE AND TIME OF PRINTING. ALL PERSONS WHO ARE RECORDED AS CURRENT DIRECTORS OR OFFICERS ARE INCLUDED IN THE LIST OF ADMINISTRATORS.

ADDITIONAL HISTORICAL INFORMATION MAY EXIST ON MICROFICHE.

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