


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000145322 1. Entity Name TRUONG, INC.	
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FILED
05 DEC 19 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 36 LAUREL RIDGE BREAK ORMOND BEACH, FL 32174	Mailing Address 36 LAUREL RIDGE BREAK ORMOND BEACH, FL 32174
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2. Principal Place of Business 2401 N. ATLANTIC AVE Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10262005 REIN-P CR2E098 (6/04)

City & State DAYTONA BEACH, FL.	City & State		
Zip 32118	Country VOLUNIA	Zip	Country

4. FEI Number 03-0551030	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent TRUONG, BILLY B 36 LAUREL RIDGE BREAK ORMOND BEACH, FL 32174	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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 *[Signature]* DATE 10/25/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *[Signature]* DATE 10/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OSSINSKY & GEORGE
ATTORNEYS AT LAW
500 NORTH OLEANDER AVENUE
DAYTONA BEACH, FLORIDA 32118-4083

ARTHUR M. OSSINSKY (1932 - 1998)
NICHOLAS A. GEORGE

TELEPHONE (386) 253-1697
TELEFAX (386) 255-5123

GARY L. BALLARD

December 15, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: TRUONG, INC.
Ref. Number: P04000145322

Dear Sir:

We have the privilege of representing Billy B. Truong. Enclosed please find a Reinstatement Form which he had previously filed with your office along with his check in the amount of \$150.00, which your office negotiated.

I am requesting that the reinstatement fee be **waived** due to the fact that Mr. Truong never received an Annual Report notice, and therefore, did not realize that it was his duty to file an Annual Report.

Thank you for your cooperation in this matter.

Very truly yours,


Gary L. Ballard

GLB/ar