

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 19 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006062

1. Corporation Name

INDOCHINE RESTAURANT, INC.

Principal Place of Business

8916 STATE ROAD 84  
DAVIE FL 33314

Mailing Address

8916 STATE ROAD 84  
DAVIE FL 33314

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida

01/18/1994

5. FEI Number

65-0467372

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>PD</del>	<del>SEJOT, HONG N</del>	<del>6901 S.W. 16TH COURT</del>	<del>POMAPNO BEACH FL</del>
P	NGUYEN, BAO	12276 W SAMPLE RD	CORAL SPRINGS FL

400019855364  
05/23/03--01086--015 \*\*900.00

8. Name and Address of Current Registered Agent

BUCH, ORLANDO J  
9407 N.W. 45TH STREET  
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name BAO NGUYEN  
Street Address (P.O. Box Number is Not Acceptable) 8916 ST RD 84  
Suite, Apt. #, Etc.  
City DAVIE State FL Zip Code 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

6/14/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BAO NGUYEN

Date

5/15/03

Daytime Phone #

954-452-8502

CR2E040 (8/02)