

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY 19 PM 12:15

DOCUMENT # F03000001086

1. Corporation Name

SENIOR MUTUAL ASSOCIATION (HOI TUONG  
TE CAO NINH) INC

2. Principal Office Address - No P.O. Box #

3404 CRENSHAW LAKE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

3404 CRENSHAW LAKE ROAD

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

Zip

33548

Country

USA

Zip

33548

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/2003

5. FEI Number  
611442237

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

VIET LUAN DANH

Street Address (P.O. Box Number is Not Acceptable)

8940 ROCKY CREEK DRIVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33615

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

05/13/09

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	NGUYEN, THU-VAN T	3404 CRENSHAW LAKE ROAD	LUTZ, FL 33548
DVP	DANH, TU-LANG	3404 CRENSHAW LAKE ROAD	LUTZ, FL 33548
DP	NGO, BA DAVIE	3404 CRENSHAW LAKE ROAD	LUTZ, FL 33548
T	HUYNH, HUONG-HUYEN	8940 ROCKY CREEK DRIVE	TAMPA, FL 33615
REINSTATEMENT 05-09 78/20/09			

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NGUYEN, THU-VAN

Date

05/13/09

(813)220-5234

Daytime Phone #