

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -9 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10282004 REIN-NP CR2E099 (6/04)

<b>DOCUMENT # N00000001880</b> 1. Entity Name <b>VIETNAMESE COMMUNITY OF PENSACOLA, INC., A NONPROFIT CORPORATION</b>					
Principal Place of Business <b>516 TAMPICO CT. PENSACOLA, FL 32506</b>			Mailing Address <b>516 TAMPICO CT. PENSACOLA, FL 32506</b>		
2. Principal Place of Business <b>210 KINCAID ST.</b>		3. Mailing Address <b>210 KINCAID ST.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PENSACOLA, FL</b>		City & State <b>PENSACOLA, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32507</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VUONG, GIAU VAN 516 TAMPICO CT. PENSACOLA, FL 32506</b>			7. Name and Address of New Registered Agent Name <b>BUI, LY</b> Street Address (P.O. Box Number is Not Acceptable) <b>210 KINCAID ST.</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32507</b>		
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 <u><i>[Signature]</i></u> <b>x President</b> <span style="float: right;">NOV-1-2004</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2005, Fee will be \$297.50</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VUONG, GIAU VAN 516 TAMPICO CT. PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUI, LY 210 KINCAID ST. PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUI, LY 516 TAMPICO CT. PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HO, HONG SEE ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NGUYEN, KIM THUAN TRAN 516 TAMPICO CT. PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NGUYEN, HUONG THIEN SEE ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NGUYEN, TRUNG BA 516 TAMPICO CT. PENSACOLA, FL 32506	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NGUYEN, TRUNG BA SEE ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAN, HANH HUU 516 TAMPICO CT. PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VUONG, NGHIA HUU SEE ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800042611548</b> <b>11/09/04--01090--011 **236.25</b>	

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 617, 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]* **x LY-BUI** NOV-1-2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #