PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
02 JAN 14 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N30906**

1. Corporation Name

**THE VIETNAMESE ASSOCIATION OF PHYSICIANS, DENTISTS AND PHARMACISTS OF FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1117 PINE HILLS~~<br>ORLANDO FL 33884<br>~~US~~ | ~~1117 PINE HILLS~~<br>ORLANDO FL 33884<br>~~US~~ |

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

REINSTATEMENT 2001

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 1261 N. Pine Hills Rd | 1261 N. Pine Hills Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Orlando FL | City & State: Orlando FL |
| Zip: 32808 Country: USA | Zip: 32808 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 02/28/1989

5. FEI Number: 59-2976607 ☐ 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 |
|---|---|---|---|
| ~~D~~ P | ~~TRAN, TRUC C~~<br>DO, HOI | ~~1117 N. PINE HILLS~~<br>1261 N. Pine Hills Rd | ~~ORLANDO FL 32808~~<br>Orlando, FL 32808 |
| ~~D~~ | ~~HUNG, MACH P~~ | ~~3529 NW 42ND TERRACE~~ | ~~GAINESVILLE FL 32606~~ |
| ~~D~~ | ~~DUONG, MINH B~~ | ~~2858 BOND AVE~~ | ~~CLEARWATER FL 33759~~ |
| VP | PHI, OAI H | 6035 NW 100 WAY | PARKWAY FL 33076 |
| ~~TD~~ T | ~~DUONG, ANN H~~<br>HOANG, LONG | ~~5115 NW 47TH LANE~~<br>2436 NW. 47th Lane | ~~GAINESVILLE FL 32606~~<br>Gainesville, FL 32605 |
| ~~GD~~ | ~~TRINH, TRANG~~<br>2436 NW 47th Lane | ~~1911 MORGANS MILL CIR~~ | ~~ORLANDO FL 32835~~ |

8. Name and Address of Current Registered Agent

TRAN, TRUC C MD
1117 N. PINE HILLS
ORLANDO FL 32808

9. Name and Address of New Registered Agent

Name: HOI VAN DO
Street Address (P.O. Box Number is Not Acceptable): 1261 N. Pine Hills Rd
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32808

CR2E040 (8/01)

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.

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-01/25/02--01088--006
-Date ****245.00 ****245.00

Signature of Registered Agent _____
REGISTERED AGENT MUST SIGN

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)(i), 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:** _____ 1/5/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #