

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -5 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004260

1. Corporation Name

Vietnamese Buddhist Cultural Center of Florida, Inc.

2. Principal Office Address

2321 SW 127th Ave.

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33235

Country

United States

3. Mailing Office Address

2321 SW 127th Ave.

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33235

Country

United States

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/21/1998

5. FEI Number

65-0851072

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

Pham, Thanh

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

2321 SW 127th Ave.

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33235

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

10/01/04

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
P/D	Pham, Thanh (aka Thich, Huong Hue)	2321 SW 127th Ave.	Davie, FL 33235
VP/D	Huynh, Khanh Ba (aka Thich, Tri Tho)	5110 W. Hazard Ave.	Santa Ana, CA 92703
S/D	Nguyen, Thu Ha (aka Thich, Nhat Thu)	6315 SE 82nd Ave.	Portland, OR 97206

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/04

Date

Daytime Phone #