

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000018183

1. Corporation Name

NYO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5881 TOWN BAY DRIVE, #9-15  
BOCA RATON FL 33486

5881 TOWN BAY DRIVE, #9-15  
BOCA RATON FL 33486

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

5901-TOWN BAY DR

5901-TOWN BAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 8-14

Apt 8-14

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33486

U.S.A

33486

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/2000

5. FEI Number

59-3621404

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WIN, MOH M	<del>5881 TOWN BAY DRIVE, #9-15</del> 5901 TOWN BAY DR #8-14	BOCA RATON FL 33486

400004672394--2  
-11/08/01--01045--007  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WIN, MOH M  
5881 TOWN BAY DRIVE, #9-15  
BOCA RATON FL 33486

Name

WIN, MOH M

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

5901 TOWN BAY DR

Suite, Apt. #, Etc.

Apt 8-14

City

BOCA RATON

State

FL

Zip Code

33486

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/14/01

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/01

Date

561-706-5232

Daytime Phone #

CR2E040 (8/01)

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Nyo Enterprises, Inc.  
5901 Town Bay Dr. #8-14  
Boca Raton, FL 33486

October 18, 2001

Florida Department of State  
P.O. BOX 6327  
Tallahassee, FL 32314

Dear Sir or Madam,

2001 ANNUAL REPORT  
DOCUMENT NUMBER: P00000018183

We refer to the above matter. Please note that we have never received the 2001 annual report from you. The first report must be lost in the mail if you had mailed it.

Enclosed please find the check of \$150.00 for 2001 filing fees and we would appreciate if you could kindly waived the penalty due to our first time doing business in the state of Florida.

Please make sure our mailing address is as shown in this letter.

Thank you.

Yours truly,



Moh Moh Win/President