2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000055014 THIEN NGA, INC. 05 NOV -7 AM 9:21 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2786 OLD HWY 441 2786 OLD HWY 441 MT DORA, FL 32757 MT DORA, FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10252005 REIN-P CR2E098 (6/04) City & State 4. FEI Number Applied For City & State 59-3655534 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, DON L ESQ Street Address (P.O. Box Number is Not Acceptable) 200 N. THORNTON AVE ORLANDO, FL 32801 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11.4 10. Ð ☐ Delete TITLE ☐ Change ☐ Addition TITLE LE. NGA LE NAMÉ NAME STREET ADDRESS 2786 OLD HWY 441 STREET ADDRESS **245.00 CITY-ST-ZIP MT DORA, FL 32757 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 607, 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.

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

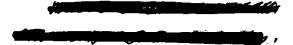
SIGNATURE: SIGNAY OF AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-01-2005 (352)383_6565 Date (aytime P.) #

2/2

Mount Dora, November 1st, 2005

Division of Corporations P.O. Box 6327 Tallahassee , FL 32314



In reference to your letter 105 λ 00064691, we are sending you the check of \$245.00 to reinstate the Thien Nga, Inc. 2005.

- Reinstate fee :\$ 175.00 - Filing fee 61.25 - Status certificate 8.75

Total \$ 245.00

Really, we did NOT receive the original/second notice annual report.

Please. acknowledge the money received, and sorry for the inconveniences.

Sincerely yours

Then Nga, Inc. 2786 Old Hwy 441, MT. Dora, FL 32757