

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

112

DOCUMENT # P00000055014

1. Entity Name  
THIEN NGA, INC.



05 NOV -7 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2786 OLD HWY 441  
MT DORA, FL 32757

Mailing Address  
2786 OLD HWY 441  
MT DORA, FL 32757



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10252005

REIN-P

CR2E098 (6/04)

4. FEI Number  
59-3655534

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, DON L ESQ  
200 N. THORNTON AVE  
ORLANDO, FL 32801

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME LE, NGA LE ☐ Delete  
STREET ADDRESS 2786 OLD HWY 441  
CITY-ST-ZIP MT DORA, FL 32757

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300061447673  
11/15/05--01070--014 \*\*245.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
K. E. NOV - 7 2005

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-01-2005

Date

(352) 383-6065

Daytime Phone #

2/2

Mount Dora, November 1st, 2005

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

[REDACTED]  
[REDACTED]

In reference to your letter 105A00064691,  
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

*Ngale*

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