

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000065276

1. Corporation Name

XUAN LE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3934 NORTH DAVIS HWY.  
PENSACOLA FL 32503

3934 NORTH DAVIS HWY.  
PENSACOLA FL 32503

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/05/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3664365

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVSD	LE, XUAN THI	3934 NORTH DAVIS HWY	PENSACOLA FL 32503
D	DOAN, DUNG	3934 NORTH DAVIS HWY	PENSACOLA FL 32503

500015473925

04/08/03--01062--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LE, XUAN THI  
3934 NORTH DAVIS HWY.  
PENSACOLA FL 32503

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

3-31-03

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  
XUAN LE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-21-03

Daytime Phone #

CR2ED40 (8/02)

Whom May it concern to!

April 21-03.

My name is XUAN-LE, I'm doing business  
at 3934 N. DAVID Hwy, Pensacola, FL-32503.  
I'd like to asking you please do me a favor  
and corrected the thing happened in past,  
because I did not received return letter  
on time, that's why it wasted me some money  
I can't afford, The business be slow all year  
I hope you can help me out.

In this letter I'm already sign, also have some  
paperwork with my acknowledged. if I still miss  
some thing need to be done, please let me  
know or you can contact any time with me.  
The number at store (850) 435-9196, My husband  
will help me to talk with you on the phone,  
because I can't speak English to well, again  
I'd say thank for your help.

Xuanle  
XUAN-LE