


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|-------------------------------------|---|--|
| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS |

DOCUMENT # P01000116987

1. Corporation Name

ANHTUAN N. WYNN, P.A.

Principal Place of Business

313 BALSAM WOOD CT
7639 HIDDEN CYPRESS DR.
ORLANDO FL 32822 32825

Mailing Address

313 BALSAM WOOD CT
7639 HIDDEN CYPRESS DR.
ORLANDO FL 32822 32825

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2002

5. FEI Number

☒ 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | WYNN, ANHTUAN N | 7639 HIDDEN CYPRESS DR. 313 BALSAM WOOD CT | ORLANDO FL 32822 32825 |
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900129235139

05/14/08--01006--019 **1500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWART, HARRY J

717 E. OAK ST.

KISSIMEE FL 34744

Name

Anhtuan - Wynn

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

313 Balsam Wood Ct

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32825

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



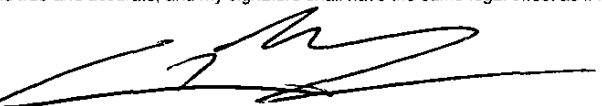
REGISTERED AGENT MUST SIGN

Date

1/16/08

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/08

Daytime Phone #

FILED

08 MAY -5 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-08^{KS}

CR2E040 (7/03)