

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000016542**

1. Corporation Name

DAVID NGUYEN, D.O., P.A.

Principal Place of Business

Mailing Address

~~1920 W. BAY DR., STE. A~~
LARGO FL 33770

~~1920 W. BAY DR., STE. A~~
LARGO FL 33770



REINSTATEMENT **03**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6495 ULMERTON ROAD
Suite, Apt. #, etc.

City & State
LARGO, FLORIDA

Zip **33771** Country **USA**

c/o Dreslin Financial Services
7985 113th Street, Suite 220
Seminole, Florida 33772

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/2002

5. FEI Number **000021296154**
61017404717

Applied For
☐ Not Applicable

3. 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)

5/5/03 91786 002 158.75

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NGUYEN, DAVID	1920 W. BAY DR., STE. A 6495 ULMERTON ROAD	LARGO FL 33770 LARGO, FL 33771

8. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K ESQ
401 S. LINCOLN AVE.
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name **DRESCIN FINANCIAL SERVICES, INC.**
Street Address (P.O. Box Number is Not Acceptable)
7985 113th STREET
Suite, Apt. #, Etc. **STE 220**
City **SEMINOLE** State **FL** Zip Code **33772**

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

DAVID G. DRESCIN

Date

10/24/2003

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

Date

10/24/03

Daytime Phone #

532-9906

CR2E040 (7/03)