

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02 0000 46911**

1. Corporation Name

**LNT COMMERCIAL INVESTMENTS, INC.**

2. Principal Office Address

**19282 SKYRIDGE CIRCLE**

3. Mailing Office Address

**19282 SKYRIDGE CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON, FLORIDA**

City & State

**BOCA RATON, FLORIDA**

Zip

**33498**

Country

**USA**

Zip

**33498**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04125102**

5. FEI Number

**N/A**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**KEITH KERN**

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

**50 SE 4TH STREET**

Suite, Apt. #, Etc.

City

**DELRAY BEACH**

State

**FL**

Zip Code

**33483**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date **6/10/04**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	<b>LIEN T. NGUYEN</b>	<b>19282 SKYRIDGE CIRCLE</b>	<b>BOCA RATON, FL 33498</b>
VTD	<b>LAC H. NGUYEN</b>	<b>19282 SKYRIDGE CIRCLE</b>	<b>BOCA RATON, FL 33498</b>

10. 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

**6/16/04**

Daytime Phone #

**561-218-8598**

CR2E081 (01/04)

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June 16<sup>th</sup>, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Corporation Re-Instatement  
LNT Commercial Investments, Inc.

To Whom It May Concern:

I have only recently become aware that the above referenced corporation was administratively dissolved in September of 2003. My corporation is relative new as it was just filed this past year so I am not that familiar with the filing process for the corporate status in Florida. I was under the assumption that my accountant handled these types of matter as he is also the purse-holder for the corporation. In addition, the actual annual report was never shown to me by my accountant so I did not even know of the existence of such forms.

I realize that as a savvy business man I should be more familiarized with the corporate filing laws of Florida and do intend to do so; however, at this time I would kindly ask the State to allow me to file an my annual report late and reinstate my corporation. I am enclosing a check for one hundred and fifty (\$150) dollars which is the fee for such instances. Please let me know if you need any further documentation.

Your prompt attention and assistance in this matter is greatly appreciated.

Sincerely,

Lac Nguyen

attach Letter  
to Reinstatement  
Form

Enclosures