

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 28 PM 4:02

**DOCUMENT #** P02000051392

**1. Corporation Name**

AMVIET GROUP, INC.

**2. Principal Office Address**

13013 WATERPOINT BLVD

Suite, Apt. #, etc.

**3. Mailing Office Address**

13013 WATERPOINT BLVD

Suite, Apt. #, etc.

**City & State**

WINDERMERE, FL

**City & State**

WINDERMERE, FL

**Zip**

34786

**Country**

USA

**Zip**

34786

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05/09/2002

**5. FEI Number**

☒ 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**

A1A REGISTERED AGENT INC.

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

92 SADBERRY ROAD

**Suite, Apt. #, Etc.**

**City**

QUINCY,

**State**

FL

**Zip Code**

32351

800039067428

07/13/04--01059--023 \*\*\$300.00

**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**

*Quincy/1/2004*

**Date**

06/22/2004

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
DP	NGUYEN THANH	13013 WATERPOINT BLVD	WINDERMERE, FL 34786

**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:**

*nguyen thanh*

NGUYEN THANH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

6-15-2004 407-463-7396

**Daytime Phone #**

CR2E081 (9/01)

2 of 2

DATE: 06/11/2004

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FROM: NGUYEN THANH  
**AMVIET GROUP, INC.**

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY  
MAIL.

PLEASE FILE OUR ANNUAL REPORT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 407-963-7396

THANKS,

  
\_\_\_\_\_  
NGUYEN THANH, DIRECTOR & PRESIDENT  
AMVIET GROUP, INC.