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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 18 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000097737

1. Corporation Name

Carolyn T. Nguyen, DMD, P.A.

2. Principal Office Address

1204 East Concord Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32803

Country

USA

3. Mailing Office Address

1204 East Concord Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32803

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/10/02

5. FEI Number

82-0563101

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

MKD

7. Name and Address of Current Registered Agent

Name

Carolyn T. Nguyen, DMD

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

1204 East Concord Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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

Carolyn T. Nguyen, DMD
Carolyn T. Nguyen, DMD

REGISTERED AGENT MUST SIGN

Date **12/17/03**

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
P/D	Nguyen, Carolyn T., DMD	1204 East Concord Street	Orlando, FL 32803

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:

Carolyn T. Nguyen, DMD, President
Carolyn T. Nguyen, DMD, President

12/17/03

Date

(407)896-3393

Daytime Phone #

CR2E081 (10/02)

292

**LOWNDES
DROSDICK
DOSTER
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REED, P.A.**

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December 17, 2003.

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

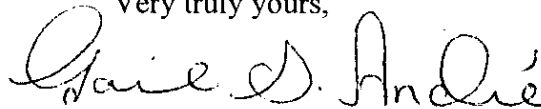
Re: **Carolyn T. Nguyen, DMD, P.A.**

Dear Sir or Madam:

Enclosed herewith for immediate filing please find an executed original Corporation Reinstatement for the above-referenced corporation, together with our client's check number 1391 payable to the Department of State in the amount of \$150.00 representing the filing fee of the report. Please note that at the time of filing a fictitious name registration for the corporation, a letter was accompanied with the registration document reflecting a change in the principal and mailing address of the corporation to 1204 East Concord Street, Orlando, Florida 32803. The principal and mailing address of the corporation was not changed and, therefore, the corporation did not receive its 2003 Uniform Business Report. It is for this reason our client has requested that the penalty fee be waived.

Thank you for your assistance in this matter. If you have any questions, please feel free to contact me.

Very truly yours,



Gail S. André
Corporate Paralegal to
I. Paul Mandelkern

GSA
Enclosures
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