


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 17 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P03000025543
1. Corporation Name
NGUYEN & HANG CORP

300180986473
05/17/10--01056--010 **750.00
CR2E081 (4/10)

2. Principal Office Address - No P.O. Box # <u>1577 WEST 49 STREET</u>		3. Mailing Office Address <u>1577 WEST 49 STREET</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>DADECOAH, FL</u>		City & State <u>DADECOAH, FL</u>	
Zip <u>33012</u>	Country	Zip <u>33012</u>	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>3/28/2003</u>	
5. FEI Number <u>54-2103877</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
HANG NGUYEN

Street Address (P.O. Box Number is Not Acceptable)
16007 NW 77 PLACE

Suite, Apt. #, Etc.

City
MIAMI LAKES

State
FL

Zip Code
33016

PROFIT CORPORATIONS ONLY

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Hang Nguyen REGISTERED AGENT MUST SIGN

Date 5/13/10

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	NGUYEN NGUYEN	16007 NW 77 PLACE	MIAMI LAKES, FL 33016
VP	HANG NGUYEN	16007 NW 77 PLACE	MIAMI LAKES, FL 33016

25/18

10. E-mail Address: NGUYENMIAMI@YAHOO.COM
(To be used for future annual report notification)

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. I further certify, 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: Hang Nguyen vice president

DATE: 5/13/10 (305) 494-3242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #