

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 JAN 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 AR

DOCUMENT # 104000040664

1. Corporation Name

WN ORLANDO, INC.

2. Principal Office Address - No P.O. Box #

4300 S. Semoran Blvd

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32822

Country

USA

3. Mailing Office Address

6015 NW 58th PLACE

Suite, Apt. #, etc.

City & State

GAINESVILLE, FLA

Zip

32653

Country

USA

000141486210
01/20/09--01033--019 **150.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

03-15-04

5. FEI Number

51-0502221

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

MARIE T. Vu

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

6015 NW 58th PLACE

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32653

☐ The 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

Marie T. Vu

Date

01/15/09

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
PRESIDENT	SANG T. NGUYEN	416 13 th STREET	OAKLAND, CA 94612

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 contained in Chapter 119, 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:

Sang T. Nguyen

SANG T. NGUYEN

Date

01/15/09

Daytime Phone #

1/26/09