

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000046718**

1. Entity Name  
**HUYNH ENTERPRISE INC.**



FILED

06 AUG -4 PM 12: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**2445 TREYMORE DR.  
ORLANDO, FL 32825**      **2445 TREYMORE DR.  
ORLANDO, FL 32825**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. # etc      Suite, Apt. # etc

City & State      City & State

Zip      Country      Zip      Country



4. FEIN Number      (Hooked For      (Not Attached)

5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HUYNH, TOM  
2445 TREYMORE DR.  
ORLANDO, FL 32825**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. The above named entity, such is this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE      DATE **6/10/06**  
Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HUYNH, TOM 2445 TREYMORE DR. ORLANDO, FL 32825</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>500078733625 08/15/06--01051--006      **300.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:      DATE **6/10/06**      DAYTIME PHONE # **407 928 8887**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 928-8887