

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2008 OCT 24 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # POS 0000 86680

1. Corporation Name  
P + N YACHT REFINISHING INC  
3161 PALM TRACE LANDING  
DAVIE FL 33314-6808 # 1116

2. Principal Office Address - No P.O. Box #  
3161 PALM TRACE LANDING

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.  
# 1116

Suite, Apt. #, etc.

City & State  
DAVIE FL

City & State

Zip  
33314

Country  
USA

Zip

Country

**REINSTATEMENT**  
CH2E08T (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
203019665

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  
CAPE COD MGMT SVC INC

Street Address (P.O. Box Number is Not Acceptable)  
314 NE 27 ST

Suite, Apt. #, Etc.

City  
WILTON MANORS

State  
FL

Zip Code  
33334

☒ 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 April Condron  
REGISTERED AGENT MUST SIGN

Date 10/22/08

**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
<u>P</u>	<u>PHONG NGUYEN</u>	<u># 1116</u> <u>3161 PALM TRACE LANDING DAVIE FL</u>	<u>33314</u>

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: Phong Nguyen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/08  
Date Daytime Phone #