

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067222

1. Corporation Name

NGUYEN CONSULTING, INC.

Principal Place of Business

% BRIAN LYNN, CPA, PA  
TWO S. UNIVERSITY DR., SUITE 215  
PLANTATION FL 33324

Mailing Address

% BRIAN LYNN, CPA, PA  
TWO S. UNIVERSITY DR., SUITE 215  
PLANTATION FL 33324

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/1997

5. FEI Number

65-0772607

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	NGUYEN, THOMAS	1015 SW 101 WAY 708 RED OAK LANE	REMBROKE PINES FL 33029 Friendswood TX 77546
D	NGUYEN, TANYA	1015 SW 101 WAY 708 RED OAK LANE	REMBROKE PINES FL 33029 Friendswood TX 77546
<del>D</del>	<del>NGUYEN, KIM</del>	<del>1015 SW 101 WAY 708 RED OAK LANE</del>	<del>REMBROKE PINES FL 33029 Friendswood TX 77546</del>

100011785071  
02/04/03--01065--001 \*\*750.00

8. Name and Address of Current Registered Agent

LYNN, BRIAN  
TWO SOUTH UNIVERSITY DRIVE  
SUITE 215  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature*  
**SIGNATURE REQUIRED**

Date

1/22/03

REGISTERED AGENT MUST SIGN

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 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:

*Signature*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/03

Daytime Phone #

832-5677051