

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 14 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000010482

1. Corporation Name

Peter N. Nguyen, DMD, P.A.

000010956450  
01/27/03--01060--019 \*\*900.00

**REINSTATEMENT** 02-03

2. Principal Office Address

15275 Collier Blvd.

3. Mailing Office Address

15275 Collier Blvd.

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Naples, FL

City & State

Naples, FL

Zip

34119

Country

USA

Zip

34119

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

01/26/1999

5. FEI Number

593563188

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

Thomas F. Hudgins

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

791 10th Street South

Suite, Apt. #, Etc.

Suite B

City

Naples

State

FL

Zip Code

34102

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

2-10-03

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
Pres.	Peter N. Nguyen	5553 Cove Circle	Naples, FL 34119
Sec.	Marcie Nguyen	5553 Cove Circle	Naples, FL 34119
Tres.	Marcie Nguyen	5553 Cove Circle	Naples, FL 34119

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter N. Nguyen

Date

1/21/03

239-348-7383

Daytime Phone #

CR2E081 (1/02)

*gs 2/17*