

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 APR 23 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000138156</b> 1. Entity Name <b>HIEP PHON, INCORPORATED</b>					
Principal Place of Business <b>2740 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805</b>			Mailing Address <b>2740 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country		City & State Zip      Country		4. FEI Number <b>20-1703497</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>TRAN, MINH THE 2740 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805</b>					
7. Name and Address of New Registered Agent Name <b>LINH TU TOAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2740 S. ORANGE BLOSSOM TRAIL</b> City <b>ORLANDO</b> FL      Zip Code <b>32805</b>					
I, the above named entity submits 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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <b>4-16-2007</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$300.00</b>			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	PD TRAN, MINH THE 2740 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.S.D TOAN, LINH TU 2740 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	<input checked="" 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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<b>REINSTATEMENT 26-02</b>					
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <b>4-16-2007</b> (407) 423-2958 <small>Daytime Phone #</small>	