

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000034228

1. Entity Name
VIETNAM JOE HOME DEVELOPMENT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 12 AM 8:47

Principal Place of Business
931 26TH ST. NO.
ST. PETERSBURG, FL 33713

Mailing Address
C/O H. ENRICO BORRAZZO
145 108TH AVE.
TREASURE ISLAND, FL 33706

2. Principal Place of Business
931 26th St NO
Suite, Apt. #, etc.

3. Mailing Address
931 26th St NO
Suite, Apt. #, etc.



07072005 REIN-LLC CR2E101 (6/04)

City & State
St. Petersburg, FL 33713
Zip Country
33713 USA

City & State
St. Petersburg, FL
Zip Country
33713

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEORGES, RICHARD M
3656 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name Joe Nguyen
Street Address (P.O. Box Number is Not Acceptable)
931 26th Street N
City St. Petersburg FL Zip Code 33713

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-05

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---------------------------------|
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10. ADDITIONS/CHANGES

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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07/12/05--01074--004 **205.00
REINSTATEMENT 04-05

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-7-05 727-251-3867