

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 27 AM 10:05

DOCUMENT # LO4000002177

1. Limited Liability Company's Name

SQUARE AND CIRCLE LLC.

700110018757
09/27/07--01037--015 **250.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
9830 58th Street N.

3. Mailing Office Address
9830 58th Street N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pinellas Park, FL

City & State
Pinellas Park, FL

Zip
33782

Country
USA

Zip
33782

Country
USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida **Jan 1, 2004**

6. FEI Number
59 5331756

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Hank Nguyen

Street Address (P.O. Box Number is Not Acceptable)
9830 58th Street N.

Suite, Apt. #, Etc.

City
Pinellas Park

State
FL

Zip Code
33782

☐ A \$100 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent **X**

Date **9/24/07**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|-------------------------|
| MGR | Hank Nguyen | 9830 58th Street N. | Pinellas Park, FL 33782 |
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REINSTATEMENT
09/20/05-2007

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager **X**

Date **9/24/07**

Daytime Phone # **727-459-8365**

Typed or printed name of signing Managing Member/Manager **Hank Nguyen**