

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:56

CR2E041 (1/07)

**DOCUMENT #**

1. Limited Liability Company's Name

L040000 28770

2. Principal Office Address - No P.O. Box #

10781 Pine Lodge Trail

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Davie, FL 33328

City & State

Zip

33328

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

4/15/04

6. FEI Number

83-0393503

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

Thuy H. Dang

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

10781 Pine Lodge Trail

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33328

☐ 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

REGISTERED AGENT MUST SIGN

40068212/0754

02/08/07--01037--015 \*\*305.00

**10. Names and Street Addresses of Managing Member/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Thuy H. Dang	10781 Pine Lodge Tr.	Davie, FL 33328
MGR	Billy V. Le	18985 SW 24th St	Miramar, FL 33029
MGR	Thuy T. Nguyen	313 Pimlico Dr.	Brandon, MS 39042
MGR	Phuong T. Nguyen	222 Winwood Terrace	Brookhaven, MS 39601
		REINSTATEMENT	05-07

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

Date

2/2/07

Daytime Phone #

954-864-0998

Typed or printed name of signing Managing Member/Manager