

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -7 AM 8:17

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L04000053641

1. Limited Liability Company's Name

FAMNET, LLC

2. Principal Office Address

1545 LIENBY AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

1545 LIENBY AVE.

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

Zip

32405

Country

BAH

Zip

32405

Country

BAH

[Handwritten initials]

CR2E041 (8/05)

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

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

FAMNET, LLC

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

1545 LIENBY AVE.

Suite, Apt. #, Etc.

City

PANAMA CITY, FL

State

FL

Zip Code

32405

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11/07/05--01003--012 **151.00

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

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date 11/02/05

10. Names and Street Addresses of Managing Members/Managers

1. Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TRUNG M. NGO	811 BOB LITTLE RD	PC, FL 32404
MGR	PHUNG M. NGUYEN	1005 BOB LITTLE RD	PC, FL 32404
MGR	VAN H. NGUYEN	7406 TALMADIE AVE.	SOUTH FL 32409

REINSTATEMENT

2005

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

[Handwritten signature]

Date 11/02/05

Daytime Phone # (850) 785-7080

Typed or printed name of signing Managing Member/Manager

TRUNG MINH NGO