

# L04000081451

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAY 29 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000081451

1. Limited Liability Company's Name

NHAN NGHIA MEDICAL ENTERPRISE, LLC

CR2E041 (12/07)

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

2901 PARKWAY BLVD.

Suite, Apt. #, etc.

SUITE B-2

City & State

KISSIMMEE, FLORIDA

Zip

34747

Country

USA

3. Mailing Office Address

2901 PARKWAY BLVD

Suite, Apt. #, etc.

SUITE B-2

City & State

KISSIMMEE, FL

Zip

34747

Country

USA

4. State/Country of Formation

FLORIDA / USA

11/09/2004

5. Date Organized or Qualified  
To Do Business in Florida

09/16/2005 N.D.

6. FEI Number

20-3231562

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

JAMES PANICO

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

111 S. MAITLAND AVENUE

Suite, Apt. #, Etc.

SUITE 100

City

MAITLAND

State

FL

Zip Code

32751

☒ 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

*James Panico*  
REGISTERED AGENT MUST SIGN

Date 5/27/08

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
MGRM DR.	NHAN PHAM	322 E. CENTRAL BLVD. SUITE 1402	ORLANDO, FL 32801
MGRM DR.	NEAL DO	8979 EASTERLING DR.	ORLANDO, FL 32819

REINSTATEMENT 2005

05/29/08--01022--015 \*\*560.00

- 2008 Without Penalty ne

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

*Do Tran*

Date 05/22/08

Daytime Phone# 407-968-6804

Typed or printed name of signing Managing Member/Manager

NEAL DO