

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 20 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO5000089963**

1. Limited Liability Company's Name:

Hong Phuong, LLC

PK (07)

800121049908

(3) 03/22/07 90260 002 \$50.00

CR2E041 (12/07)

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

1657 Sugar Pine Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1657 Sugar Pine Dr.

Suite, Apt. #, etc.

4. State/Country of Formation

FI

5. Date Organized or Qualified To Do Business in Florida

13 Sept 2005

6. FEI Number

20-3448213

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

City & State

Middleburg, FI

City & State

Middleburg, FI

Zip

32068

Country

Zip

32068

Country

8. Name and Address of Current Registered Agent

Name

William Perry Sloan

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

1657 Sugar Pine Dr.

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32068

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

WPS

REGISTERED AGENT MUST SIGN

Date 18 MAR 2008

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	William Perry Sloan	1657 Sugar Pine Dr.	Middleburg, FI 32068
MGRM	Phuong Hong Pham	1657 Sugar Pine Dr.	Middleburg, FI 32068

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03/20/08--01050--001 **138.75

REINSTATEMENT 2007-2008

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

WPS

Date 18 MAR 08 Daytime Phone# 904-316-2223

Typed or printed name of signing Managing Member/Manager William Perry Sloan