PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						08	FILED BMAR 20 PM 5:00	
DOCUMENT # \$\infty 5000089963 1. Limited Liability Company's Name							SE I TAL L	CRETARY OF STATE AHASSEE, FLORIDA
Hong Phuong, LLC (07)						3 03/22/0	800121049908	
				3. Mailing Office Address				0.230.,
	ugar Pine	1657 Sugar Pine Dr. Suite, Apt. #, etc.				4. State/Coun	try of Formation	
Suite, Apt.	•					5, Date Organized or Qualified To Do Business in Florida 13 Sept 2005		
City & State		City & State				6. FEI Number Applied For		
Middleburg, FI Zip Country			Middleburg, FI Zip Country			trv	20-3448213 Not Applicable	
32068			32068			<u>.,</u>	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent								
Name William Perry Stoan						A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this		
Street Address (P.O. Box Number is Not Acceptable)								
1657 Sugar Pine Dr.							box, you are certifying the prior notices were	
Suite, Apt. #, Etc.						not received and requesting the \$100 reinstatement be waived.		
city Middleb	urg	State Zip Code FL 32068						
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								
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, Fl 32068
MGRM	Phuong Hong Pham			1657 Sugar Pine Dr.				Middleburg, Fl 32068
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		STATEMENT	<u>.47</u>		6	UUY		
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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 filling 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 18MAN 08 Daytime Phone # 904-316-2223 Typed or printed name of signing Managing Member/Manager William Penny Slown								
Typed or printed name of signing Managing Member/Manager William Tenny Slow								