

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L05000089963

**1. Limited Liability Company's Name:**

Hong Phuong, LLC

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

1657 Sugar Pine Dr.

Suite, Apt. #, etc.

**City & State**

Middleburg, FL

**Zip**

32068

**Country**

**3. Mailing Office Address**

1657 Sugar Pine Dr.

Suite, Apt. #, etc.

**City & State**

Middleburg, FL

**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

**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**

<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
MGRM	William Perry Sloan	1657 Sugar Pine Dr.	Middleburg, FL 32068
MGRM	Phuong Hong Pham	1657 Sugar Pine Dr.	Middleburg, FL 32068

**REINSTATEMENT 2007-2008**

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

**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

**FILED**

08 MAR 20 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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