

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 DEC 28 PM 2:59

**DOCUMENT #**

1. Limited Liability Company's Name

Tran's Tile Installers LLC

400113551424  
01/02/08--01035--008 \*\*100.00

CR2E041 (1/07)

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

9413 Sunset Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33610

Country

Hillsborough

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

10/18/05

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

Hien Tran

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

9413 Sunset Dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/19/07

**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
MGR	Hien Q. Tran	9413 Sunset Dr.	Tampa, FL 33610
		REINSTATEMENT	2006-2007

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

*[Signature]*

Date 12/19/07

Daytime Phone # (813) 401-0717

Typed or printed name of signing Managing Member/Manager