

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

08 MAR -5 PM 1:37

DOCUMENT # LOS-116996

1. Limited Liability Company's Name

**DUPONT PERFORMANCE, LLC**

200116034362  
03/25/08--01028--002 \*\*277.50

200116034362  
01/25/08--01004--003 \*\*138.75

CR2E041 (12/07)

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

3065 JUPITER PARK CIRCLE

Suite, Apt. #, etc.

SUITE#3

City & State

JUPITER, FL

Zip

33458-6025

Country

USA

3. Mailing Office Address

3065 JUPITER PARK CIRCLE

Suite, Apt. #, etc.

SUITE #3

City & State

JUPITER, FL

Zip

33458-6025

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

12/19/2005

6. FEI Number

20-4169665

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

KHOA NGUYEN

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

6326 GARRETT STREET

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

☒ 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

Date 01/21/08

REGISTERED AGENT MUST SIGN

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	KHOA NGUYEN	6326 GARRETT STREET	JUPITER, FL 33458
MGR	GIANG NGUYEN	5905 HICKORY SPRINGS DR	NORCROSS, GA 30071

**REINSTATEMENT**  
W/O 06-08

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

Date 1-21-08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

KHOA NGUYEN