

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000010964

1. Limited Liability Company's Name

ROBERT TRAN LLC

08

FILED

09 OCT 23 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200162080252
10/23/09--01040--008 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
5700 E. COLONIAL DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32807

Country

ORANGE

3. Mailing Office Address

5700 E. COLONIAL DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32807

Country

ORANGE

4. State/Country of Formation
FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida** 01/31/2006

6. FEI Number
20-4721101

☐ 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
PHUOC H TRAN

Street Address (P.O. Box Number is Not Acceptable)
5700 E COLONIAL DR.

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32807

☒ 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

Phuoc Tran

REGISTERED AGENT MUST SIGN

Date 10/19/09

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	PHUOC H TRAN	9917 HOLLOW POINT WAY	ORLANDO, FL 32817

REINSTATEMENT Without Penalty

2008 - 2009

up 10/28/09

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

Phuoc Tran

Date 10/19/09

Daytime Phone # 407-401-9594

Typed or printed name of signing Managing Member/Manager PHUOC H TRAN