

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 MAY 13 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000024931

1. Limited Liability Company's Name

TIEN2 MARKET, LLC

100155459801  
05/05/08--01037--015 \*\*416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
3410 LAKE CORTONA WAY

Suite, Apt. #, etc.

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

City & State  
WIMAUMA, FL

Zip  
33598

Country  
USA

City & State  
WIMAUMA, FL

Zip

Country

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 03/08/2006

6. FEI Number  
20-4446612

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  
TU, TIEN

Street Address (P.O. Box Number is Not Acceptable)  
3410 LAKE CORTONA WAY

Suite, Apt. #, Etc.

City  
WIMAUMA

State  
FL

Zip Code  
33598

☒ 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 4/30/09

**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
MGR	HAO-NHien Nguyen	3410 Lake Cortona Way	Wimauma FL 33598
MGR	Thuy Thanh Mai	12819 Bonnie Lane	Stafford TX 77477
MGR	Thanh Truong Mai	12819 Bonnie Lane	Stafford TX 77477
MGR	Tung Thanh Mai	12819 Bonnie Lane	Stafford TX 77477
MGR	Truc Thanh Mai	12819 Bonnie Lane	Stafford TX 77477

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 4/30/09

Daytime Phone 813 784 7723

Typed or printed name of signing Managing Member/Manager