

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

09 FEB -9 AM 10:41

DOCUMENT # L06000062254

1. Limited Liability Company's Name

TRIEU, LLC

100141462361
01/20/09--01007--024 **382.50

CR2E041 (10/08)

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

5136 W COLONIAL DR

Suite, Apt. #, etc.

3. Mailing Office Address

1010 RACE ST., 1/F, STE 3

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

PHILADELPHIA, PA

Zip

32808

Country

USA

Zip

19107

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 06/19/2006

6. FEI Number

20-5218911

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

KIM YEUNG LING

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

5136 W COLONIAL DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32808

☒ 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 regist

Signature of

Registered Agent

[Signature]

Date

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
MANAGING MEMBER	KIM YEUNG LING	39 ROLLINGWOOD DR	VOORHEES, NJ 08043

100141462361
02/10/09--01020--002 **38.75

REINSTATEMENT 2007-2009

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

1/15/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

KIM YEUNG LING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 FEB -9 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 22, 2009

TRIEU LLC
1010 RACE ST
1/F - STE 3
PHILADELPHIA, PA 19107

SUBJECT: TRIEU LLC
Ref. Number: L06000062254

We have received your document for TRIEU LLC and check(s) totaling \$382.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$38.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 809A00002343