

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 06000100175

1. Limited Liability Company's Name

690 LLC

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

3 ISLAND AVE

Suite, Apt. #, etc.

Suite 6H

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

3 ISLAND AVE

Suite, Apt. #, etc.

Suite 6H

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/01/2007

6. FEI Number

263501345

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

HALI NGUYEN

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

3 ISLAND AVE

Suite, Apt. #, Etc.

Suite 6H

City

Miami Beach

State

FL

Zip Code

33139

E-mail Address:

ASIANEXPRESSCORP@Gmail.com

asianexpresscorp@gmail.com
(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date

2/1/12

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	HALI NGUYEN	3 ISLAND AVE. #6H	Miami Beach, FL 33139

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

2/1/12

Daytime Phone #

(305) 926 9110

Typed or printed name of signing Managing Member/Manager