

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000062866

1. Limited Liability Company's Name

SAIGON BAKERY & CAFE LLC

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

1525 E. COLONIAL DR.

Suite, Apt. #, etc.

UNIT 5

City & State

ORLANDO, FLORIDA

Zip

32803

Country

ORANGE

3. Mailing Office Address

6014 CHENANGO LN

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32807

Country

ORANGE

4. State/Country of Formation

FLORIDA US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

26-0351426

☒ 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

THANH D. THAN

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

6014 CHENANGO LN

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

REGISTERED AGENT MUST SIGN

Date **MARCH 19, 2010**

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	THANH D. THAN	6014 CHENANGO LN	ORLANDO, FL 32807
MGRM	THANH Q. NGUYEN	6014 CHENANGO LN	ORLANDO, FL 32807

JB

REINSTATEMENT 2008-10

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 **03/19/2010**

Daytime Phone # **(407) 228-1219**

Typed or printed name of signing Managing Member/Manager **THANH D THAN**