

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L07000094059

1. Limited Liability Company's Name

HIEN CHIEN, LLC.

500162351085
10/30/09--01043--004 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 173 SR 436		3. Mailing Office Address 5429 REATA WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FERN PARK, FL		City & State ORLANDO, FL	
Zip 32730	Country USA	Zip 32810	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 9/17/2007	
6. FEI Number 26-1089213	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
HIEN T DINH

Street Address (P.O. Box Number is Not Acceptable)
5429 REATA WAY

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32810

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]* Date OCTOBER 28, 2009

REGISTERED AGENT MUST SIGN

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
P	HIEN T. DINH	5429 REATA WAY	ORLANDO, FL 32810
MGR	CHIEN V NGUYEN	5429 REATA WAY	ORLANDO, FL 32810

REINSTATEMENT 2008, 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 10/28/2009 Daytime Phone# (407) 331-0220

Typed or printed name of signing Managing Member/Manager _____