


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2016-2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # L14000044681

1. Limited Liability Company's Name
PHAMXUANTINH HOME REMODELING LLC

2. Principal Office Address - No P.O. Box # 529 ROMANO AVE		3. Mailing Office Address 529 ROMANO AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32807	Country US	Zip 32807	Country US

8. Name and Address of Current Registered Agent

Name
HUNG VO

Street Address (P.O. Box Number is Not Acceptable) Suite
529 ROMANO AVE

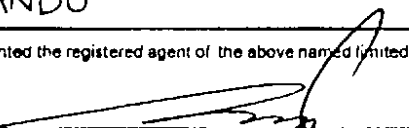
Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32807

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  Date **09/25/17**

REGISTERED AGENT MUST SIGN


10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	HUNG VO	529 ROMANO AVE	ORLANDO, FL 32807

11. E-mail Address **hungvollc@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member  Date **09/25/17** Daytime Phone # **321 3104813**

Typed or printed name of signing authorized representative/member

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation **FLORIDA, US**

5. Date Organized or Qualified To Do Business in Florida **03/17/2014**

6. FEI Number **46-5139960**

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

TOLUBA 10/17/17-01001-021 **238.75

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