PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

2016 HOV 15 AM 9: 00

1. Limited	MENT # L15000119843 Liability Company's Name DING LIMITED LIABILITY				est transfor EggsageTSEE	Tallar grift	
ŀ '	Office Address - No P.O. Box#	3. Mailing Office A			CR2E041 (1/14)		
8427 LOCKWOOD RIDGE RD		8427 LOCKWOOD RIDGE RD		4. State/Count	try of Formation		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		FL/US 5. Date Organized or Qualified To Do Business in Florida 07/06/2015			
City& State SARASOTA, FL		City & State SARASOTA, FL			6. FEt Number Applied For 47-4448208 Not Applicable		
Zip 34243			Country	7. CERTIFICATE OF STATUS DESIRED		(Not), ppilacole	
	8. Name and Add	ress of Current Register	ed Agent				
Name VU M. H0 Street Addre 5919 53F Apt. #, E	ess (P.O. Box Number is Not Acceptable) RD LN E	Suite,		70 - 11/15	700292372897 11/15/1601031016 **238.75		
City BRADEN 9. I, bein	ITON If appointed the registered agent of the	above named limited liabi	State Zip Code 34203	accept the obligations	s of Chapter 605, F.S.		
Signature o Registered		REGISTERED AGENT MI	ust sign		Date		
10. Names	s and Street Addresses of Authorized Re	presentatives/Managers					
Titles	Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager		City / State / Zip		
AR	VU M. HOAN	G	5919 53RD LN	ΝE	BRADENTON, FL 34203		
				NOV 1 5 2016			
	REIN	ISTATE	MENT		HUNT		
11. E-mail	Address: SKEETON@SUSA			nations)			
certify that 605.0012, shall have felony as p	y that I am an authorized representati when filing this reinstatement applica F.S., and that all fees owed by the lin the same legal effect as if made undo provided for in s. 817.155, F.S. of authorized representative/member	ve/ manager or the receivation the reason for dissolution the reason for dissolution the liability company haver oath. I am aware that fa	ution has been eliminated, the ling to been paid. The information includes information submitted in a discount of the line of	cute this application a mited liability compan dicated on this applic ocument to the Depa	y name satisfies the requirement ation is true and accurate, and	ent of section I my signature nird degree	
Typed or p	rinted name of signing authorized rep	resentative/member_VL	J.M. HOANG				