PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 NOV 28 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L21000198918

000388188440
11/28/22--01036--006 **100.00

000388188440
11/28/22--01036--006 **138.75

1. Limited Liability Company's Name

T&T REAL ESTATE PORTFOLIO INVESTMENTS,LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3615 KARIBA COURT	3615 KARIBA COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE FL	City & State: KISSIMMEE FL.
Zip: 34746 Country: OSCEOLA	Zip: 34746 Country: OSCEOLA

4. State/Country of Formation: FL.

5. Date Organized or Qualified To Do Business in Florida: 4/28/21

6. FEI Number: 86-3980498 ☐ 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: MILLER JOHNSON LAW, P.L.

Street Address (P.O. Box Number is Not Acceptable) Suite: 247 MAITLAND AVE

Apt. # Etc: STE 1000

City: ALTAMONTE SPRINGS State: FL Zip Code: 32701

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: Barry B Johnson (REGISTERED AGENT MUST SIGN) Date: 11/8/22

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
MGR	SON LUONG NGUYEN	3615 KARIBA COURT	KISSIMMEE FL. 34746
MGR	TINA T. TRAN	3615 KARIBA COURT	KISSIMMEE FL 34746
MGR	TINABINH T TRAN	3615 KARIBA COURT	KISSIMMEE FL 34746
	REINSTATEMENT		NOV 28 2022
			R. HUNT

11. E-mail Address: _____
(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: SONNGUYEN Date: 11/03/22 Daytime Phone #: 408-600-5796

Typed or printed name of signing authorized representative/member: SON LUONG NGUYEN