PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 16 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000027047

1. Corporation Name

VAN LE CORPORATION

05-09

REINSTATEMENT

000157175980
06/15/09--01048--016 **750.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2401 SW 24 AVE	2401 SW 24 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33145 Country:	Zip: 33145 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 02/10/2004

5. FEI Number: 57-1199108 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LAM BUI CPA

Street Address (P.O. Box Number is Not Acceptable): 1034 NW 129 AVE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33182

☑ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 6/9/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HIEU T LE	2401 SW 24 AVE	MIAMI FL 33145
D	HIEU T LE	2401 SW 24 AVE	MIAMI FL 33145
T	HIEU T LE	2401 SW 24 AVE	MIAMI FL 33145

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: HIEU LE 6/11/2009 305-804-4646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/16

August 13, 2009

Ms. Michelle Milligan
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Reference: VAN LE CORPORATION, Doc # P09000040913

Dear Ms. Milligan,

This letter is an affidavit to the fact that I have no intention of revoking the voluntary dissolution for Van Le Corporation, document P09000040913. Therefore, please release the name of this corporation. Please contact my CPA, Mr. Lam Bui, at 786-223-8321 if there is any question.

Sincerely,

Hieu Le, President