

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 SEP 16 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

000157175980
06/15/09--01048--016 **\$50.00
CR2E081 (12/08)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04000027047

1. Corporation Name

VAN LE CORPORATION

2. Principal Office Address - No P.O. Box # 2401 SW 24 AVE		3. Mailing Office Address 2401 SW 24 AVE	
Street, Apt. #, etc.		Street, 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 02/10/20045. FEI Number
57-1199108Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ 3375. Additional fee required
for a Certificate of Status.

☒ 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.

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	

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

REGISTERED AGENT MUST SIGN

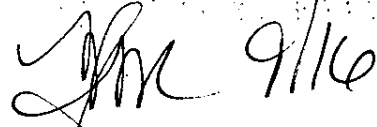
Date 6/9/09

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

Title	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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 6/11/2009 305-804-4646
Daytime Phone #


August 13, 2009

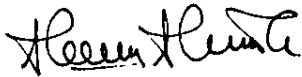
Ms. Michelle Milligan
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

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,

A handwritten signature in black ink, appearing to read "Hieu Le", written over a horizontal line.

Hieu Le, President